



2017 Membership Form

Join or renew:

Online: www.geochemsoc.org

Print and mail form to: Geochemical Society
5241 Broad Branch Road, NW
Washington, DC 20015-1305
USA

GS Member#: _____

PERSONAL INFORMATION

Title: Dr | Prof | Mr | Ms | Other _____

Name: First (Given), Middle Initial, Last (Family)

Organization _____

Address 1 (dept) _____

Address 2 (street) _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Phone _____

Email _____

PREFERENCES

- Organic Geochemistry Division Membership (Free)
- Interested in volunteer opportunities with GS
- In addition to an email receipt, mail a hardcopy receipt

PRIMARY FIELD OF RESEARCH/STUDY

Check all that apply

- 1 Analytical Geochemistry
- 2 Aqueous Geochemistry
- 3 Atmospheric Chemistry
- 4 Biogeochemistry
- 5 Cosmochemistry & Meteoritics
- 6 Environmental Geochemistry & Mineralogy
- 7 Experimental Geochemistry
- 8 Experimental Petrology
- 9 Geobiology
- 10 Geochronology
- 11 Hydrothermal Geochemistry
- 12 Igneous Geochemistry
- 13 Isotope Geochemistry
- 14 Mantle Geochemistry
- 15 Marine Geochemistry & Chemical Oceanography
- 16 Medical Geochemistry
- 17 Ore geochemistry
- 18 Organic geochemistry
- 19 Planetary geochemistry

MEMBERSHIP | DONATIONS

Select Your Membership Category

	Professional	Student	Senior
2017 Early Membership Rate (must be received by 15 January 2017)	\$30	\$10	\$15
2017 Regular Membership Rate	\$35	\$15	\$20

Optional: Add a Donation

GS is a 501c3 nonprofit organization in the United States. Donations to GS are tax deductible where applicable.

Donations
Amount: <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> Other: _____
Designated for: <input type="checkbox"/> Goldschmidt Student Travel Grant Program
<input type="checkbox"/> Where Needed Most

Grand Total: _____

STUDENT VERIFICATION (Required for Student Membership)

Advisor's Name _____

Advisor's Email _____

Intended Graduation Year _____

BILLING INFORMATION

Visa | MC | Check/M.O.

Credit Card Number
_____ - _____ - _____ - _____

Expiration Date: _____ - _____

3-digit Verification #: _____

Name as it appears on the Card

Billing address (if different)

Billing E-mail (if different)

Signature
