

JAGH Membership Application

Mail or fax this form with payment to the JAGH.

Membership*

Member Student member

Name (print) _____
(signature) _____ (date) _____

Birthdate _____

Institution

Employing organization, department

Address

Telephone

Fax.

E-Mail

Home Address

Telephone

Fax.

E-Mail

Only For Student Membership

Supervisor's name and signature

(print) _____ (signature) _____

Telephone

Fax.

E-Mail

Mailing Address for Receipt of Journals*

Office Home

Scientific Interest*

- | | | |
|--|--|--|
| <input type="checkbox"/> Groundwater investigation | <input type="checkbox"/> Groundwater modeling | <input type="checkbox"/> Geochemistry |
| <input type="checkbox"/> Environmental hydrology | <input type="checkbox"/> Groundwater contamination | <input type="checkbox"/> Water quality |
| <input type="checkbox"/> Groundwater exploitation | <input type="checkbox"/> Statistical hydrology | |
| <input type="checkbox"/> Groundwater in rocks | <input type="checkbox"/> Geophysical investigation | |
| <input type="checkbox"/> Others (_____) | | |

*Check that applies