APPLICATION FOR MEMBERSHIP

Society of Core Analysts

A CHAPTER-AT-LARGE OF THE SPWLA

P.O. Box 2861, Dublin, CA 94568 U.S.A.
Phone: +1.925.829.3776, Fax: +1.925.829.1776
E-Mail: SCAStayc@aol.com www.SCAweb.org

1. _____
   Mr./Mrs./Ms./Dr./Prof. First Name Middle Name Last Name

2. _____
   Address for Mail & Publications

   _____

   _____

3. _____
   Company Name

4. _____
   Address of Company (if different from Item 2 above)

5. _____
   Country Code City or Area Code Telephone No Fax No E-Mail Address

6. _____
   Home Address (if different from Item 2 above)

7. _____
   Title of Position Description of Duties

8. _____
   College or University Location Dates Attended

9. _____
   Date of Graduation Highest Degree Major

10. _____
    Professional Associations

If you are a member of SPWLA, what is your classification? Member Junior Associate

Signature _____ Date _____

Dues are USD$40 per calendar year, $15 for students and $200 for lifetime membership.

Payment

Amount: $ _____ Card No: _____ - _____ - _____ - _____ Exp. Date: ____ / ____ / ____
Check drawn on a US Bank, International Draft, American Express, Visa and MasterCard accepted. *American Express, Visa & MasterCard Only* Month Day Year

Signature: _____ Date: ____ / ____ / ____
Month Day Year

For Board Action Only

_____	Membership Number	____ / ____ / ____	Date Reviewed
____ / ____ / ____	Date	____ / ____ / ____	Accepted
_____	Membership Classification		