

Central Oregon Geological Society (COGS)
P.O. Box 2154, Bend, Oregon 97709

Membership Application Form

Membership Type	Suggested Amount	___ New ___ Renew
Individual	\$35	\$ _____
Family	\$50	\$ _____
Student / Educator	\$20	\$ _____
Additional "benefactor" contribution		\$ _____
	Total enclosed	\$ _____

Please make your check payable to COGS and mail it and this form, to the above address. Membership runs from January 1st through December 31st. New memberships received after August 31st shall be applied to the remainder of the current year and the next calendar year. COGS received 501(c)(3) certification from the IRS effective March 19,2018

Thank you for Printing Clearly

Name: _____

E-mail _____

Phone: _____ - _____ - _____

Address _____

_____ / _____ / _____
City State Zip

Family Memberships

Spouse/Partner name _____

E-mail _____

Phone number _____ - _____ - _____

Student Membership

School name: _____

I(we) would like to help with

___ Field Trips ___ Communications ___ Program
___ Membership ___ Educational Outreach ___ Other _____