CGIA MEMBERSHIP FORM/INVOICE 2009-2010

CALIFORNIA GEOGRAPHIC INFORMATION ASSOCIATION

Title: Mr. Mrs. Ms.	**Date:**	
First Name:	**M.I.:**	**Last Name:**

Job Title:		
Organization:		
Mailing Address:		
City:	**State:**	**Zip Code:**

Phone:	**Fax:**
Website URL:	
Email Address:	

Please Note: CGIA does not release membership information.

Membership Dues: (please circle one)

Regular ($50) **Student ($25)** **Non-Profit/Education ($250)** **Sustaining ($500)**

Amount Enclosed:	**Signature:**

Please mail completed form. Membership form *must* be received for confirmation. Please send dues via check to: 341 San Francisco Ave., Ventura, CA 93004

Organizations applying for membership as a Sustaining Member may designate up to seven representatives as the contact person for CGIA business purposes. The primary person should complete this statement:

I _____, as _____ of
Executive Name Position Title

_____, hereby authorize _____
Organization Name Representative Name

to represent this organization in matters related to the purpose and objectives of CGIA.

Email Address: _____

_____ _____
Date Signature

Be informed on important issues, events, legislation, and other matters that affect GIS professionals and their organizations. Join the CGIA Email List at www.cgia.org/join-cgia.htm.

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