



Name: _____

Please Check if Info needs to be updated

Affiliation: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

UNIVERSITY MEMBERSHIP RENEWAL OPTION

Membership type:

Annual Membership: Period 01/01/09 to 12/31/09

University Membership does not require an annual fee, but member agrees to pay meeting fees.

Remit membership application form to:

Mr. Joel L. Morrison
The Pennsylvania State University
Gas Storage Technology Consortium
C-211 CUL
University Park, PA 16802-2323

Mr. Joel L. Morrison
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