



Name: _____

Please Check if Info needs to be updated

Affiliation: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

AFFILIATE MEMBERSHIP RENEWAL OPTION

Membership type:

Annual Payment: \$500 (Period 01/01/09 to 12/31/09)

AMOUNT ENCLOSED: \$ _____

Make check payable to:

THE PENNSYLVANIA STATE UNIVERSITY

Remit membership application form and check to:

Mr. Joel L. Morrison
The Pennsylvania State University
Stripper Well Consortium
C-211 CUL
University Park, PA 16802-2323

Mr. Joel L. Morrison
telephone (814) 865-4802 • fax (814) 863-7432 • swc@ems.psu.edu – email
www.energy.psu.edu/swc