



Name: \_\_\_\_\_

Please Check if Info needs to be updated

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## FULL MEMBERSHIP RENEWAL OPTION

**Membership type:**

Annual Payment: \$1,250 (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

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