



IAGI

Membership Application Indonesian Association of Geologists

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Email: iagisek@cbn.net.id

Registration No.:
(will be fill by secretariat) Correspondence: Office Home

Region :

Full Name :

Sex : M F

Date of birth : / / Place : Citizenship :

Home Address :

City : Postal Code :

Phone: Fax: Email:

Works Organization : Mining Industry Oil/Gas Industry Education Government

Other:

Company/Institution :

Position: Division:

Address:

City : Postal Code :

Phone: Fax:

Mobile Phone: Email:

| Education | Dates | | College or University (Give Address) | Indicate Major Field of Study | Degree Received (Give Dates) |
|-----------|------------|------------|---|-------------------------------------|------------------------------------|
| | From | To | | | |
| | Month/Year | Month/Year | | | |
| | | | | | |
| | | | | | |
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Specialist Expert :

Please complete this form and return it with 1(one) your colour picture (2x3) and your registration fee dues of Rp. 250,000.00 or US \$ 25.00./ year, payable to IAGI Secretariat or using bank transfer with the following address :

Bank Mandiri
Cab Wisma Alia Jakarta
Rph Account # : 123 0085005314
A.n : Ikatan Ahli Geologi Indonesia (IAGI)

Bank BCA KCP. Menara Mulia
Jakarta - Indonesia
Rph Account # : 255-1088580
A.n : Shinta Damayanti

Signature of Applicant: _____ Date: _____

To the IAGI Committee:

In my opinion the applicant has fulfilled the requirements for IAGI membership.

(.....)
Sponsor I / Member No. :

(.....)
Sponsor II / Member No. :

Please return the membership form and payment registration by Fax or mail to Secretariat.