



GETA MEMBERSHIP

(New or Renewing Members)

Name _____

Title _____

Affiliation _____

Address _____

Business Phone _____

FAX Number _____

E-Mail Address _____

RENEWING MEMBERS PLEASE TAKE A MINUTE TO UPDATE YOUR ADDRESS!!

New Member _____ Renewal _____ Check here if above address is new _____

Regular Member, 1 year	\$15
Regular Member, 2 year	\$25 (<i>save 5 bucks!</i>)
Regular Member, 3 year	\$35 (<i>save 10 bucks!!</i>)
Student/Postdoc, 1 year	FREE

Total Enclosed _____

Please send this completed form and check made payable to **GETA** to:

GETA Membership
c/o Kathleen Vork
OEHHA, California EPA
1515 Clay Street 16th Floor
Oakland, CA 94612

E-mail: kvork@oehha.ca.gov