



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 \$20
Student/Postdoc, 1 year FREE

Total Enclosed _____

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

GETA Membership
c/o Jennifer Hsieh
P.O. Box 4010
12-61B, 1001 I Street
Sacramento, CA 95812-4010

E-mail: jennifer.hsieh@oehha.ca.gov