

GETA MEMBERSHIP

(New or Renewing Members)

Name				
Title				
Affiliation				
Address 1				
Address 2				
Business Phone				
FAX Number				
E-Mail Address				
	EMBERS PLEASE TAK			
Ttew inclination	Regular Me	mber, 1 year stdoc, 1 year	\$20	
Please	send this completed for	m and check m	nade payable to 0	SETA to:
	1001 I Stree	Nakashima 010, Mail stop	·	

E-mail: james.nakashima@oehha.ca.gov