

SIPES LIMITED MEMBER DIRECTORY INFORMATION

1. _____
LAST NAME FIRST NAME MIDDLE NAME OR INITIAL

2. ADDRESS: _____

3. CITY: _____ 4. STATE: _____ 5. ZIP: _____

6. BUS. PHONE: _____ 7. RES. PHONE: _____

8. FAX PHONE: _____ 9. CELL PHONE: _____

10. E-MAIL: _____ 11. SPOUSE: _____

12. **UNDERScore THE CATEGORY WHICH BEST DESCRIBES YOUR PROFESSIONAL FIELD OF EARTH SCIENCE:**

ENGINEER, GEOCHEMIST, GEOLOGIST, GEOPHYSICIST, HYDROLOGIST,
PALEONTOLOGIST, PETROGRAPHER, _____

13. **CHECK THE FOLLOWING WHICH DESCRIBES YOUR CURRENT SPECIALTIES:**

ENGINEERING

- GENERAL PETROLEUM
- GEOLOGICAL
- MINING
- RESERVOIR
- _____

GEOLOGY

- ENGINEERING
- ENVIRONMENTAL
- MINING
- PETROLEUM
- REMOTE SENSING
- SURFACE MAPPING
- WELL-SITE
- _____

GEOPHYSICS

- GENERAL EXPLORATION
- _____

MANAGEMENT

- EXPLORATION
- OPERATION
- PRODUCTION
- PROPERTY
- _____

SPECIALIZING IN:

- EXPLORATION FOR OIL & GAS
- EXPLORATION FOR MINERAL DEPOSITS
- GEOTHERMAL ENERGY
- APPRAISAL OF OIL & GAS PRODUCING PROPERTIES
- APPRAISAL OF OIL & GAS EXPLORATION PROSPECTS
- APPRAISAL OF MINERAL DEPOSITS
- DRILLING AND WELL COMPLETION
- REGIONAL STUDIES
- PHOTO-GEOLOGY
- WASTE DISPOSAL
- ELECTRIC LOG ANALYSIS
- CONTRACT PREPARATION
- EXPERT TESTIMONY
- RESEARCH
- TEACHING
- _____
- _____
- _____

14. LIST GEOGRAPHICAL AREAS AND/OR GEOLOGICAL PROVINCES WHERE YOU HAVE SUBSTANTIAL EXPERIENCE (LIMIT 3):

15. PLACE OF BIRTH: _____

16. COLLEGE OR UNIVERSITY:

DEGREE & MAJOR SUBJECT:

17. LIST MAJOR INDUSTRY, UNIVERSITY OR GOVERNMENT EXPERIENCE AND DATES,
i.e., 1960-65 OIL COMPANY NAME:

18. PROFESSIONAL PUBLICATIONS:
(PLEASE LIMIT TO 3. IF PUBLICATIONS ARE MORE EXTENSIVE, LIST THE GENERAL BIBLIOGRAPHIC SUBJECT
AND THE JOURNAL ABBREVIATIONS)

19. SCIENTIFIC, PROFESSIONAL & HONORARY SOCIETIES:
(LIST SOCIETIES AND OFFICES YOU HAVE HELD THEREIN OR HONORS RECEIVED)
(REGISTERED ENGINEERS, GEOLOGISTS, & GEOPHYSICISTS LIST STATES AND/OR NUMBERS)

20. BIOGRAPHICAL SKETCH: (WHO'S WHO, ETC.) _____

21. SIPES ACTIVITIES: (PLEASE LIST CHAPTER OFFICES):

**PLEASE RETURN COMPLETED FORM TO SIPES HEADQUARTERS AS SOON AS POSSIBLE. PHOTOGRAPHS,
CHANGE OF ADDRESS & TELEPHONE NUMBER CAN BE MAILED THROUGHOUT THE YEAR TO:**

**SIPES
4925 GREENVILLE AVE.
SUITE 1106
DALLAS, TX 75206**

Email: sipes@sipes.org