

American Institute of Professional Geologists Membership Application

New Member Dues (Membership is activated upon receipt of dues.)

Payment: Enclosed Bill Me

If you apply Dec-Mar = \$60 Apr-Jun = \$45 Jul-Sept = \$30 Oct-Nov = \$15

Last Name:	First Name:	MI:	Suffix:
Employer Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Year:	
Street:			
City:	State:	Zip:	Country:
Work Ph:	Home Ph:	Fax:	
Email:	Yr Highest Degree Awarded:		
Geological Degree: <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PhD University:			
ATTESTATION: I attest that I meet the requirements for AIPG Member (30 semester hours/45 quarter hours for Member) and agree to abide by AIPG Bylaws and Code of Ethics.			
Applicant Signature:		Date:	
AIPG Mbr Sponsor	<input type="checkbox"/> CPG <input type="checkbox"/> MEM <input type="checkbox"/> ORM		
Signature (Required):	AIPG #:	Date:	
HEADQUARTERS USE ONLY	Amt:	Date Rcvd:	Mbr #: