

# 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 = \$90 Apr-Jun = \$67.50 Jul-Sept = \$45 Oct-Nov = \$22.50

Last Name:

First Name:

MI:

Suffix:

Employer Name:

Mr.  Ms.  Mrs.  Dr.

**Preferred Mailing Address:**  Home  Business Self-Employed?  Yes  No Birth Year:

Street:

City:

State:

Zip:

Country:

Work Ph:

Home Ph:

Fax:

Email:

Yr Highest Degree Awarded:

**Geological Degree:**  BA  BS  MA  MS  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**

CPG  MEM  RM

**Signature (Required):**

AIPG #:

Date:

**HEADQUARTERS USE ONLY**

Amt:

Date Rcvd:

Mbr #:

Place  
Stamp  
Here

**American Institute of Professional Geologists  
1400 W. 122<sup>nd</sup> Avenue, Suite 250  
Westminster, CO 80234  
USA**