

# American Institute of Professional Geologists Membership Application

New Member Dues (Membership is activated upon receipt of dues.)  
If you apply Dec-Mar = \$100 Apr-Jun = \$75 Jul-Sept = \$50 Oct-Nov = \$25

Payment:  Enclosed  Bill Me

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  
12000 Washington St., Suite 285  
Thornton, CO 80241  
USA**