

# Long Island Association of Professional Geologists Membership Application

(For Corporate Memberships, please designate one person as the coordinating member for your firm.)

Mr.    Mrs.    Ms.    Dr.

Name: \_\_\_\_\_

PG    CPG    CHMM    PhD    PE  
 Other \_\_\_\_\_

Company/Affiliation: \_\_\_\_\_

Names of additional corporate members:

**Membership Class (Annual Contribution):**

- Student and Retiree \$25
- Individual Associate \$35
- Individual Member \$50
- Corporate Membership  
- membership benefits for up to 5 employees \$250

Please enclose check mad payable to **LIAPG** and mail to:  
c/o Cheryl Neary  
Fenley & Nicol Environmental  
445 Brook Ave  
Deer Park, NY 11729

**Work Address** (mailings will be sent to this address unless "home address" is specified)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

e-mail \_\_\_\_\_

**Home Address (optional)**

check here if you want to receive mailings at home

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

e-mail \_\_\_\_\_

**Additional Information**

Professional Background (please ckeck one):    Geologist    Other \_\_\_\_\_

<u>Education:</u>	<u>Year</u>	<u>College / University</u>
BS/BS	_____	_____
MS/MS	_____	_____
PhD	_____	_____
Other _____	_____	_____

**Other Memberships:**

__ NGWA	__ AIPG	__ BAPG
__ AAPG	__ AGU	__ CNYAPG
__ SEPM	__ AEG	__ HMPGA
__ GSA	__ AIH	
__ AWG	__ Other _____	

I am licensed, registered or certified in the following states or organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIAPG Use Only:**      Appl. Rec'd. \_\_\_\_\_      By \_\_\_\_\_      Approved \_\_\_\_\_

Paid \_\_\_\_\_      by cash/check no. \_\_\_\_\_      Entered \_\_\_\_\_      Dep. Date \_\_\_\_\_