



BUFFALO ASSOCIATION OF PROFESSIONAL GEOLOGISTS

MEMBERSHIP RENEWAL/APPLICATION FORM

This form is for a: New Member Application Renewal

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY, EVEN IF YOU HAVE NO CHANGES FROM LAST YEAR

<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Name: _____ Home Address: _____ Tel: () _____ E-mail: _____	<input type="checkbox"/> P.G. <input type="checkbox"/> CPG <input type="checkbox"/> CHMM <input type="checkbox"/> P.E. <input type="checkbox"/> Other: _____	Business Name: _____ Job Title: _____ Business Address: _____ Tel: () _____ Ext. _____ Fax: () _____ E-mail: _____
--	--	---

Preferred Mailing Address: HOME BUSINESS

Please note that your **PREFERRED** address is the address used in the "MEMBERS - ALPHABETICAL" section of the Membership Directory. Your name will also be listed with your company's or institution's name in the "AFFILIATION" section of the Membership Directory.

Membership Class: ACTIVE ASSOCIATE STUDENT ASSOCIATE

Active: Geologists or persons engaged principally in geologic work and have a collegiate degree in geology.

Associate: Persons whose work is related to the geological sciences, but do not fulfill the academic requirements for Active membership.

Student: Full-time graduate or upper-level undergraduate students majoring in geology.

THIS SECTION FOR NEW MEMBER APPLICANTS ONLY

Education:	Year	College/University	Degree/Major
BS/BA	_____	_____	_____
MS/MA	_____	_____	_____
PhD	_____	_____	_____
Other _____	_____	_____	_____

_____ _____ _____	Other professional society memberships: _____ _____ _____
-------------------------	---

DUES SCHEDULE

(Membership Year: January 1 through December 31)

	<u>Dues</u>	<u>Please circle</u>
ACTIVE MEMBER.....	\$25 1 year \$45 2 years \$60 3 years	
ASSOCIATE MEMBER	\$25 1 year \$45 2 years \$60 3 years	
STUDENT MEMBER.....	\$10 per year	

Please make your check payable to **BAPG**

Do you have any suggestions or comments?

Forward Completed Form and Remittance to:

BAPG Secretary
 P.O. Box 179
 Bowmansville, New York 14026-0179

Signature _____ Date _____