

Central New York Association of Professional Geologists (CNYAPG) Membership Application & Renewal Form ( <i>membership period is January 1 – December 31</i> )			
This application is (check one):  <input type="checkbox"/> New <input type="checkbox"/> Renewal  Mr./Ms./Dr./_____ (circle one)  Name _____		Active/Associate Membership \$25/year Student Membership \$10/year  AMOUNT ENCLOSED \$ _____  Mail form and check payable to CNYAPG: CNYAPG, PO Box 567, Dewitt, NY 13214	
Work Address  Employer _____  Address _____  City _____ State _____  Zip _____ - _____  Phone _____ - _____ - _____  Fax _____ - _____ - _____  e-mail _____		Home Address (optional) <input type="checkbox"/> Check here if you want to receive CNYAPG mailings at home.  Address _____  City _____ State _____  Zip _____ - _____  Phone _____ - _____ - _____  Would you be interested in receiving the newsletter via e-mail?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information (check one) <input type="checkbox"/> Geologist <input type="checkbox"/> Other			
Education    Year    College/University  BS/BA    _____    _____ MS/MA    _____    _____ PhD    _____    _____ Other    _____    _____			
MAJOR Professional Interest	Other Organizations	Current Employment	No. of workers in my office
<input type="checkbox"/> Economic Geology <input type="checkbox"/> Environmental Geo. <input type="checkbox"/> Engineering Geo. <input type="checkbox"/> Geochemistry <input type="checkbox"/> Geophysics <input type="checkbox"/> Hydrogeology <input type="checkbox"/> Mineralogy/Petrology <input type="checkbox"/> Paleontology <input type="checkbox"/> Petroleum Geo. <input type="checkbox"/> Quatern. Geo./ Geomorphology <input type="checkbox"/> Strat/Sed <input type="checkbox"/> Structural/Tectonics <input type="checkbox"/> Other _____	<input type="checkbox"/> NGWA <input type="checkbox"/> AIPG <input type="checkbox"/> AAPG <input type="checkbox"/> AGU <input type="checkbox"/> SEPM <input type="checkbox"/> AEG <input type="checkbox"/> GSA <input type="checkbox"/> AIH <input type="checkbox"/> NYSCPG <input type="checkbox"/> other _____  States licensed, registered or certified in: _____ _____	<input type="checkbox"/> Educational Institution <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> City/County Government <input type="checkbox"/> Minerals Corp/Company <input type="checkbox"/> Petroleum Corp/Company <input type="checkbox"/> Environmental Corp/Comp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	<input type="checkbox"/> 1-19  <input type="checkbox"/> 20-49  <input type="checkbox"/> 50-99  <input type="checkbox"/> 100-249  <input type="checkbox"/> 250-499  <input type="checkbox"/> >500
CNYAPG USE ONLY: App. Rcvd: _____ by _____ Approved _____ Paid \$ _____ by Cash or Check No. _____ Entered _____			