CORPORATE MEMBERSHIP RENEWAL

A sole proprietorship or a private or public company that employs two or more Professional Geologists and/or professionals with a natural science or engineering degree involved in geological or environmental work. A Corporate Member must identify by name the specific individuals it wishes to include under its Corporate Membership. Annual dues are discounted as shown below:

<table>
<thead>
<tr>
<th>Professionals</th>
<th>Discount</th>
<th>Dues/Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sole Proprietor</td>
<td>0%</td>
<td>$150</td>
</tr>
<tr>
<td>2-5</td>
<td>5%</td>
<td>$143</td>
</tr>
<tr>
<td>6-10</td>
<td>10%</td>
<td>$135</td>
</tr>
<tr>
<td>11-15</td>
<td>15%</td>
<td>$128</td>
</tr>
<tr>
<td>16-20</td>
<td>20%</td>
<td>$120</td>
</tr>
<tr>
<td>≥21</td>
<td>25%</td>
<td>$113</td>
</tr>
</tbody>
</table>

Only those professionals identified on this application will receive the benefits of membership including voting privileges and discounts.

**REMINDER:** Corporate memberships cannot be renewed online.

List by name all individuals your company is enrolling to receive the benefits of PCPG membership. All those enrolled in this area and included in corporate dues payment will receive announcements and communications via email. PLEASE PRINT CLEARLY. Make necessary changes. The name indicated on the first line will be the primary contact for the corporate membership.

**PCPG Corporate Member Company:** 

Professionals to be Enrolled | Email Address
---|---
1. | 
2. | 
3. | 
4. |
Professionals to be Enrolled          Email Address

5.

6.

7.

8.

9.

(Add more pages if necessary)

Rate per Professional (chart on page 1)  $ _________

Total Professionals Enrolled  __________

Balance Due  $ _________

Payment Options

Pay by Check

Make checks payable to PCPG. Please return all pages with payment to:

PCPG
116 Forest Drive
Camp Hill, PA 17011

Pay by Credit Card: Two options

Option 1. Telephone PCPG and make a credit card payment by phone: (717) 730-9745

-continued on next page-
Pay by Credit Card:

Option 2. Complete this form including the lower portion, and send via USPS to:

PCPG
116 Forest Drive
Camp Hill, PA 17011

$_____ Total Amount  _____ Visa _____ Master Card _____ American Express

<table>
<thead>
<tr>
<th>Credit Card Number</th>
<th>Exp. Date</th>
<th>CVV</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________</td>
<td>----------</td>
<td>-----</td>
</tr>
</tbody>
</table>

Name on Credit Card

__________________________________________________________

Billing Address of Credit Card Statement

__________________________________________________________

Credit Card Holder’s Telephone Number

__________________________________________________________

Cardholder Signature: ________________________________

A credit card receipt will be sent to the primary contact’s email address.

Questions? Telephone PCPG by dialing (717) 730-9745.