PCPG Membership Application

*(Do not use this form for Corporate Membership Bundles)*

I. Levels of Membership: Check Only One

____ Individual/Academic: $150/year
A licensed Professional Geologist or professional with a natural science or engineering degree involved in geological or environmental work and employed in the private or education sector. Individual Members receive full voting privileges.

____ Government: $100/year
A licensed Professional Geologist or professional with a natural science or engineering degree involved in geological or environmental work and employed in the public sector. Government Members receive full voting privileges.

____ Student: $25/year
An undergraduate or graduate student who is conducting geologic or environmental research through an accredited academic institution or is pursuing a degree in natural sciences or engineering for purposes of employment as a geologist or environmental professional. Student Members do not receive voting privileges. Please provide a copy of your valid student ID with your registration.

____ Associate: $500/year
A private organization that supports the work of those in the geological or environmental fields by providing allied goods and services and who does not compete against individual or Corporate Members on a professional service basis. Up to three (3) individuals may be enrolled. Membership is not transferrable.

____ Retired: $25/year
Retired members are those members who have retired from professional practice and desire to continue support of the organization. Retired Members do not receive voting privileges.

Note: Corporate Membership Offers a Multi-professional Discount
Download the Corporate application from our website at www.pcpg.org or contact PCPG at 717.730.9745 for information on a Corporate Membership.
II. Enrollment: Print your preferred contact information (home, work, or school).

Name: ______________________________ Title: ______________

Organization: ______________________________

Address: __________________________________________________________

City: ________________ State: _______ Zip: ________________

Phone: ________________ Email (print): ______________________________

Website (Associate Category Only): ______________________________

III. Method of Payment

Pay by Check: Make checks payable to PCPG. Please return both pages with payment to:

PCPG • 116 Forest Drive • Camp Hill, PA 17011

Credit Card Payment: Mail this completed form to:

PCPG • 116 Forest Drive • Camp Hill • PA • 17011

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

Credit Card # ________________________________

Exp. Date: _______ CVV Code: _______

Name as it appears on the card: ________________________________

Signature: ____________________________________________

Statement Billing Address: ________________________________

______________________________________________

Phone Number of Credit Card Holder: ________________________________

NOTE: Your cancelled check or credit card statement will serve as your receipt. Questions? Telephone PCPG by dialing (717) 730-9745.

In lieu of completing this form, you can visit www.pcpg.org and Join online.