

American Institute of Professional Geologists

APPLICATION FOR CORPORATE PATRON

Company Name:			
Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Website:	
President/CEO:			
Phone:	Fax:	Email:	
Contact:			
Address:			
City:	State:	Zip:	Country:
Phone:	Toll Free:	Cell Phone:	
Fax:	Email:		
Number of CPG's Employed in Company:			
Number of Member's Employed in Company:			
Total Number of Geologists Employed:			
Number of Company Offices:			
(Please attach a separate sheet with addresses and phone numbers of each office.)			
<p>I certify that the information submitted to AIPG for the purpose of becoming a corporate patron accurately represents the professional practice of this corporation/company. As a corporate patron of AIPG, the corporation/company will comply with AIPG's Corporate Patron Requirements.</p>		Office Use:	
AIPG Corporate Designee:		Name:	
Signature:		Date:	
Submit your application to: AIPG Headquarters 1333 West 120 th Ave., Suite 211, Westminster, CO 80234, US			
<ul style="list-style-type: none"> • In addition to the information requested on page one, please attach a general description of your company and services and your standard qualifications. • Please designate members on page 2 of this application. 			

AIPG CORPORATE PATRON

1 Name:		
Registered Geologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Which State(s):	
Geology Degree Earned:	School Name:	
Address:		
Work Phone:	Fax:	Email:
2 Name:		
Registered Geologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Which State(s):	
Geology Degree Earned:	School Name:	
Address:		
Work Phone:	Fax:	Email:
3 Name:		
Registered Geologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Which State(s):	
Geology Degree Earned:	School Name:	
Address:		
Work Phone:	Fax:	Email:
4 Name:		
Registered Geologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Which State(s):	
Geology Degree Earned:	School Name:	
Address:		
Work Phone:	Fax:	Email:
5 Name:		
Registered Geologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Which State(s):	
Geology Degree Earned:	School Name:	
Address:		
Work Phone:	Fax:	Email:
6 Name:		
Registered Geologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Which State(s):	
Geology Degree Earned:	School Name:	
Address:		
Work Phone:	Fax:	Email: