

## NEW MEMBER APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Town / City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE CHECK MEMBERSHIP TYPE.** Visit [www.GeohazardAssociation.org](http://www.GeohazardAssociation.org) for more detailed information.

 <p><b>DIRECTING MEMBERSHIPS</b></p> <p>\$5,000 Annually</p> <input type="checkbox"/>	 <p><b>CORPORATE MEMBERSHIPS</b></p> <p>\$2,500 Annually</p> <input type="checkbox"/>	 <p><b>AGENCY MEMBERSHIPS</b></p> <p>\$115 Annually</p> <input type="checkbox"/>	 <p><b>INDIVIDUAL MEMBERSHIPS</b></p> <p>\$95 Annually</p> <input type="checkbox"/>	 <p><b>STUDENT MEMBERSHIPS</b></p> <p>\$15 Annually</p> <input type="checkbox"/>	 <p><b>EMERITUS MEMBERSHIPS</b></p> <p>Lifetime Membership Awarded By Invitation</p>
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**A. In which segment of the industry do you participate? Please check one.**

Agency     Contractor     Engineering Consultant     Manufacturer     Other \_\_\_\_\_

**B. Would you like to actively participate in committees at this time?**     YES     NO

**C. Which of the following interest you with regard to committee work? (check all that apply)**

Anchor Testing     Education     Geohazard Monitoring and Instrumentation     Marketing  
 Post Support System     Rope Access     Standard Specifications

**D. For Directing and Corporate Memberships, please give us a short description about your company for our Membership Directory and be sure to email your logo to [BSlaybaugh@GeohazardAssociation.org](mailto:BSlaybaugh@GeohazardAssociation.org).**

## BILLING INFORMATION

If your information is the same as the Billing Information, select “Yes” and skip ahead to the Payment Information section. If you selected “No”, please fill in ALL the following fields as they are required.

- YES**, my billing information is the same as my page 1 application information
- NO**, my billing information is different from my page 1 application information and is listed below.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Town / City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## PAYMENT INFORMATION

### Credit Card Payment

- Visa     Master Card     Discover     American Express

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration \_\_\_\_\_

Card Security Code (VISA/MC: 3 digit number on the back of the card, AMEX: 4 digit number on the front of the card) \_\_\_\_\_

### Check Payment

Please mail your check made out to **The Association of Geohazard Professionals** to:  
The Association of Geohazard Professionals  
1934 Commerce Lane #4  
Jupiter, FL 33458