



APPLICATION FOR REINSTATEMENT TO ACTIVE MEMBERSHIP

American Association of Petroleum Geologists
An International Geological Organization

P. O. Box 979, Tulsa, OK 74101-0979 USA
1-800-364-2274 USA • 1-918-560-2623 Outside USA
1-918-560-2694 Department Fax • jdorman@aapg.org

- Ms. Male
 Mr. Female
 Dr.

Name _____
Please type or print (Last Name) (First) (Middle)

Employer _____ Position _____

Mailing Address _____
 Home Office

City _____ State _____ Zip/Postal Code _____ Country _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ E-mail: _____

Date of Birth: _____ Place: _____ Citizenship _____
Mo/Day/Yr

I have read the Constitution and Bylaws and Code of Ethics of the Association. I recognize the need to enforce and protect a meaningful Code of Ethics, and I will hold blameless any member of the Association who may, without malice, bring charges of wrong-doing against me, so long as my interests are protected and my right to defend against such charges is insured. If elected to membership, I agree to abide by the provisions of these instructions now in effect, or as they may be hereafter amended; and I further agree that said Constitution including the Bylaws and Code of Ethics shall be the sole measure of my rights, privileges, and obligations in the Association. I further understand and agree that violation by me of any provisions of the Code of Ethics, as now existing, or as may be amended, shall be sufficient grounds for my expulsion or suspension as may be decided by the Executive Committee.

Signature of Applicant _____ Date _____

AAPG member responsible for encouraging this application: _____
(Please complete – if applicable – Valid for recruitment of Active members only). Please indicate full name.

See attached sheet to
determine dues level.
Check appropriate box and
return both pages to AAPG.

Submit resume or complete Section 1 and 2. All applicants **MUST** complete Section 3.

1) Record of College Work

Dates		College or University (Address)	Major (Indicate Geology and/or Other Major Subject)	Level of Degree Received	Date Received
From Mo. / Yr.	To Mo. / Yr.				

2) Record of Experience since membership lapsed.

Dates		Nature of Work Be specific in description of duties. Indicate geological duties involving original judgement. Attach additional sheet if necessary.	For Whom (unless self-employed): Company Affiliation, address and Supervisor's name with phone number
From Month / Year	To Month / Year		

3) Active Member References

Please provide current address, telephone numbers and e-mail (if available) for each reference. This contact information may be used by Delegates charged with reviewing your application.

Sponsor Name (full)	Current Address	Phone:	E-mail:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

BOX IS FOR AAPG USE

Delegate: _____	Executive Director _____
Date Received _____	Published _____ Notified _____

