



# APPLICATION FOR REINSTATEMENT TO ASSOCIATE MEMBERSHIP

American Association of Petroleum Geologists  
An International Geological Organization

P. O. Box 979, Tulsa, OK 74101-0979 USA  
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- 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 \_\_\_\_\_

**Payment of membership dues is required at the time of submission of the application and must be received before processing can begin. AAPG dues are based upon the member's ability to pay, i.e. their annual *Personal Gross Income* (PGI). No proof is required of any member's PGI. This system is honor based and defined by our standards of professional conduct. Please refer to the chart below to determine your dues; check the appropriate box and write amount(s) on designated lines.**

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

# 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.				

# Record of Experience

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		

**BOX IS FOR AAPG USE**

Executive Director _____
Date Received _____
Notified _____

