



ASSOCIATE Membership Application

PERSONAL

Name _____
 (Surname) (Given Name/Initials)

Residence _____
 (Street)

_____ (City/Province) (Postal Code) (Phone)
 Date of Birth _____ (mm/dd/yy) Gender M or F

CURRENT EMPLOYMENT

_____ (Title/Position) (Direct Phone #)

_____ (email) (Cell #)

_____ (Company) (Address)

_____ (Main phone #) (Postal Code)

_____ (Supervisor Name & Title/Position) (Direct Phone #)

Length of Service in Current Position _____ TO _____
 (month) (year) (month) (year)

EDUCATION

	<u>Name</u>	<u>City</u>	<u>Graduated (m/y)</u>	<u>Degree / Diploma</u>
High School				
College/Technical				
University				

Previous membership in the Association: Active Senior Associate Student/Interim N/A

PETROLEUM LANDMAN MEMBERSHIPS

AAPL Member _____ Yes _____ No

Other Petroleum Landman association: _____ Yes _____ No

MEMBERSHIP DUES

Associate Membership dues will be prorated and invoiced by the Association office upon approval of application.



APPLICANT DECLARATION

- I have read the Association’s current By-Laws and Admissions Committee Procedure and make this application in accordance with those requirements;
- Within the last five years, I attended an Association approved Ethics course _____ (mm/dd/yy) (attach certificate of completion if NOT sponsored by the Association);
- RESUME – Copy attached;
- I hereby grant permission to the Membership Committee to confirm academic achievement and employment history; **and**
- I declare that I qualify for Associate Membership in the Canadian Association of Petroleum Landmen.

COMMUNICATIONS

In accordance with Canada's Anti-Spam Laws, we would like to ensure we have your consent to receive our publications, announcements, event invitations, and other communications we send from time to time for the purpose of:

- i) sharing information with you; and
- ii) establishing, developing and/or managing a relationship with you.

Accordingly, by signing this application form you are giving your consent to receive communications from Association. Should you wish to withdraw your consent at any time, please contact the Association office.

To the best of my knowledge and belief, all of the information contained within this application form is true and accurate.

 (signature) _____
 (date)

SPONSOR DECLARATION

I am currently and have been an Active, Senior or Life Member of the Association for at least the past two (2) years and I hereby confirm:

1. that I have read the current CAPL Membership Admissions Committee Procedure and comply with this procedure and the Association By-Laws in my sponsorship of this applicant;
2. that I have reasonable knowledge of the Land experience of the applicant and to the best of my knowledge and belief, the qualifications of the applicant are accurately represented on this application;
3. that I believe the applicant meets the qualifications for Associate membership; and
4. that I recommend the applicant for membership in the Association.

Name	P.Land/PSL (y/n)	Phone Number	Date
Signature		Company	
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Signature		Company	
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Signature		Company	

Application approved at the Board Meeting this ____ day of _____, 20 ____

 (Member Services Director) _____
 (Secretary)