



INTERIM Membership Application

PERSONAL

Name _____
 (Surname) (Given Name/Initials)

Home Address _____
 (Street)

_____ (City/Province) (Postal Code) (Phone)

Email _____

Date of Birth _____ Gender M or F
 (month) (day) (year)

EDUCATION

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

Previous membership in the Association: Student N/A

CURRENT EMPLOYMENT

_____ (Title/Position)	_____ (Direct Phone #)
_____ (email)	_____ (Cell #)
_____ (Company)	_____ (Address)
_____ (Main phone #)	_____ (Postal Code)
_____ (Supervisor Name & Title/Position)	_____ (Direct Phone #)

ATTACHMENTS

- Resume
- Copy of degree, diploma or certificate granted by institution attended during student membership.
- Letter from supervisor stating that the applicant is employed and being trained for development into the role of a Petroleum Landman.

ANNUAL MEMBERSHIP DUES

Interim Membership dues will be prorated and invoiced by the CAPL 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;
- I hereby grant permission to the Membership Committee to confirm academic achievement and employment history; **and**
- I declare that I qualify for Interim 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 the 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)

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

_____ (Member Services Director) _____ (Secretary)