



STUDENT 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)

Address while attending school, if different from home address

_____ (Street)

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

EDUCATION

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

STUDENT MEMBERSHIP PROGRAM INFORMATION - check one.

Currently enrolled in:	Institution	Year of the program**	Program
	University of Calgary	3 rd year	B.Comm, PLM – degree
	University of Calgary	4 th year	B.Comm, PLM – degree
	Olds College	2 nd year	Land Agent Diploma
	Mount Royal University	6 courses complete	Petroleum Land Business Extension Certificate
	Other:		

Program Administrator

I hereby confirm that the above named applicant is registered in the above noted program and institution:

_____ Name _____ Signature _____ Phone Number _____

** Review CAPL Membership Admissions Committee Procedure for requirements



ANNUAL MEMBERSHIP DUES

Student Membership: 2017 - \$60.00, 2018 - \$125.00 (will not be prorated).

Canadian Funds to be included with application. GST #R121989016

- Cheque enclosed
- Credit Card information supplied to the Association office

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 Student 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)