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Please return this form & \$30.00 application fee to:

Southern Appalachian Association of Professional Landmen LLC
c/o Stacey Blanton-Lemaster
P O Box 247
Thelma, Ky. 41260

MEMBERSHIP APPLICATION

Name of Applicant (in full) _____

Birth Date _____ Birth Place _____ Citizenship _____

Home Address _____

Home Phone Number _____ E-mail Address _____

Alternate E-Mail Address _____

Name of Employer _____ Your Title _____

Address of Employer _____

Work Phone No. _____ Fax Phone No. _____

Cell Phone No. _____ Number Years as Landman _____

Please send all mail to: _____ Home Address _____ Work Address _____ Email _____

Job Description _____

Are you a member of the American Association of Professional Landmen? _____

If so, please include your Member ID # _____

Education:

High School: _____ Year: _____

Undergraduate School: _____ Degree: _____ Year: _____

Graduate School: _____ Degree: _____ Year: _____

I, the undersigned, acknowledge that I have read the by-laws and state that I am qualified for membership in the classification for which application is herewith made:

_____ ACTIVE MEMBERSHIP in the Southern Appalachian Association of Professional Landmen shall be limited to professional landmen regularly engaged in energy and/or mineral land work for a minimum period of four (4) years or have successfully completed all

requirements for a 4-year degree from an accredited college or university. Where salaried, the employer must be regularly engaged in the energy and/or mineral business. Once qualified under this section, eligibility under this sub-section shall not be affected by location, classification of employment, departmental or managerial assignment.

_____ ASSOCIATE MEMBERSHIP in the Southern Appalachian Association of Professional Landmen shall be limited to persons who are associated with energy and/or mineral land work or have less than four (4) years experience and have not successfully completed all requirements for a 4-year degree from an accredited college or university. Associate Members shall have all rights and privileges of Active Members, except those of voting and holding office.

Circle One:

Have you ever been convicted of a felony? **Yes** **No** (circle one)

If yes, attach a detailed description of the violation and current status, for review by the SAAPL Ethics Committee.

Have you been found guilty of an ethics violation by SAAPL or any other professional organization? **Yes** **No** (circle one)

If yes, attach a detailed description of the violation and current status, for review by the SAAPL Ethics Committee.

ETHICS STATEMENT

The information provided herein is accurate and complete to the best of my knowledge. I agree to be bound by and to enforce and protect the Southern Appalachian Association of Professional Landmen Bylaws, Code of Ethics and Standards of Practice and to hold SAAPL, its members, officers, and directors harmless for enforcement thereof.

Date _____ Signature of Applicant _____

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We, the undersigned, as Active Members of the Southern Appalachian Association of Professional Landmen are acquainted with the above applicant and recommend membership be accepted.

I, _____ approve as _____ Active Member _____ Associate Member

I, _____ approve as _____ Active Member _____ Associate Member

I, _____ approve as _____ Active Member _____ Associate Member

I, the undersigned, as Southern Appalachian Association of Professional Landmen Director or President, state that this application should be _____ Approved _____ Rejected. (If rejected, please attach letter giving reasons.)

Date _____ Signature of Director or President _____

Approval of Membership Committee _____

Approval of Ethics Committee _____

Southern Appalachian Association of Professional Landmen membership is available to persons in energy and/or mineral land work and related activities who maintain acceptable professional and moral standards. Applicants must be recommended by three (3) Active members in good standing and have the application approved by an Association Director or the Association President.