

ACCREDITED GEMOLOGISTS ASSOCIATION *Membership Application*

Please print or type information.

This application is for (check one):

<input type="checkbox"/> Voting Member - GG or FGA designation - \$150 *	<input type="checkbox"/> Student Member - \$75 (references NOT required)
<input type="checkbox"/> Associate Member - \$125 *	<input type="checkbox"/> Supplier Member - \$200 *

Full Name _____ Country _____

Street Address _____ City _____ State _____ Zip: _____

Phone _____ Email _____

Business Name _____ Website _____

Business type _____ Special Professional Expertise _____

Gemological Credentials & Dates Awarded

Award	Organization Awarding	Date Awarded

You may include a resume showing all credentials, academic degrees, etc.

Related Credentials (appraisal or other): _____

Academic Degrees: _____

*The application process requires reference letters from 3 professional colleagues.

To expedite this process, we have included a form letter on the back of this application for you to copy & mail. If you wish to include return envelopes with the letters, please address them to **AGA Membership Applications, % G-Force Services, 3315 Juanita St., San Diego, CA 92105.**

Member Affidavit

I hereby attest that the information provided in this application is complete and correct, and that all representations of professional credentials apply to me as an individual and not to a company or affiliate. I understand that Membership in the AGA is granted only to eligible individuals and does not extend to companies or associates.

I have read the AGA Code of Ethics and acknowledge receipt of same. If elected to Membership, I agree to conduct my professional practice within the guidelines of the Code of Ethics and resolutions of AGA.

I accept the responsibility to keep up-to-date on organizational issues of AGA by periodically checking the AGA website. I agree to provide AGA with a valid email address that I frequently check for notifications of organizational issues & events. **

I understand that Membership may be revoked or suspended if I am found in violation of the Code of Ethics and the resolutions of AGA or to have made a fraudulent statement within the scope of this Membership Application.

Loss of Membership entails loss of all benefits, including, but not limited to, revocation of any AGA Designations or Credentials, loss of member materials, and enjoyment from use of the AGA logo or name. I agree to these terms of revocation.

With my signature, I do so affirm and attest this _____ day of _____ 201 ____.

Applicants Signature _____

Please send your signed member affidavit & application along with payment to:
AGA Membership Applications, % G-Force Services, 3315 Juanita St., San Diego, CA 92105.

**** Please "white list" these email addresses for AGA:**
{anything}@agatoday.org, agaadmin@cox.net, gforceservices@cox.net

The AGA will not discriminate against any applicants based upon race, creed, color, national origin, age, or gender. Applicants are required to meet substantial member qualifications and to adhere to the AGA Code of Ethics.

