

MEMBERSHIP APPLICATION

1. **Name:**
(Organisation/ Individual)
2. **Address:**
.....
..... (Postcode)
- Telephone:** **Fax:**
- Email:** (This will appear in the Membership Directory)
- Website:** www.

3. **Nominated Representative**
- Position: Email:
- Direct Line: Direct Fax:

4. Nature of Business Services:
- | Consultant: | Contractor: | Laboratory: |
|---|--|--|
| Geotechnical <input type="checkbox"/> | Geotechnical <input type="checkbox"/> | Geotechnical <input type="checkbox"/> |
| Geoenvironmental <input type="checkbox"/> | Geoenvironmental <input type="checkbox"/> | Geoenvironmental <input type="checkbox"/> |
| Site Investigation <input type="checkbox"/> | Pile Testing <input type="checkbox"/> | Environmental Monitoring <input type="checkbox"/> |
| Foundation Design <input type="checkbox"/> | Environmental Monitoring <input type="checkbox"/> | Hydrogeology & Dewatering <input type="checkbox"/> |
| Foundation Construction <input type="checkbox"/> | Hydrogeology & Dewatering <input type="checkbox"/> | Anchors <input type="checkbox"/> |
| UKAS Accredited Laboratory <input type="checkbox"/> | Anchors <input type="checkbox"/> | Geophysics <input type="checkbox"/> |
| Desk Studies <input type="checkbox"/> | Geophysics <input type="checkbox"/> | Landfill <input type="checkbox"/> |
| Materials Testing <input type="checkbox"/> | Landfill <input type="checkbox"/> | Ground Improvement <input type="checkbox"/> |
| Contamination Remediation <input type="checkbox"/> | Ground Improvement <input type="checkbox"/> | Risk Assessment <input type="checkbox"/> |
| Earthworks <input type="checkbox"/> | Risk Assessment <input type="checkbox"/> | Tunnelling <input type="checkbox"/> |
| Grouting <input type="checkbox"/> | Tunnelling <input type="checkbox"/> | Training <input type="checkbox"/> |
| Expert Witness/Arbitration <input type="checkbox"/> | Training <input type="checkbox"/> | |
| Other | Other | |

5. How long has the Applicant been in the business of Geotechnical and/or Geoenvironmental Engineering?
 Years

6. Class of Membership sought:
- | | |
|--|---|
| Member Firm <input type="checkbox"/> | Honorary Life Member <input type="checkbox"/> |
| Associate Member Firm <input type="checkbox"/> | Affiliate Member Firm <input type="checkbox"/> |
| Personal Member <input type="checkbox"/> | Client Affiliate Member Firm <input type="checkbox"/> |

7. Number of Full-Time Geotechnical or Geoenvironmental Specialists.
(This will appear in the Membership Directory)(see Byelaws Article III Membership for definition)

DETAILS: (All)

Name	Qualifications	Experience (Years)

(Continue on separate sheet if necessary)

8. You are asked to demonstrate that you 'have a commitment to set, maintain and enhance quality standards and procedures for the Industry and thereby to improve the quality of professional services'.
- a) **Training:** To what extent are you committed to training and development of professional staff? (Please provide an outline of your/ your organisation's training policy; to include reference to your training programme, how training objectives are set and progress monitored).
- b) **Management:** Demonstrate that you have a Management System that addresses quality and safety. (Please provide a brief outline of your/your organisation's management system; to include reference to your quality procedures and safety procedures, the business activities to which they apply, and any third party accreditation.)

9. The Byelaws require applicants to be supported by a Proposer and Seconder. An application for membership as a Firm must be supported by Member Firms. Applications for all other classes of Membership can be supported by any class of existing Member.

Please indicate Members able to support this application, who will be approached by the AGS Membership Sub Committee.

Proposing Member:
(Organisation/ Individual)

Seconding Member
(Organisation/ Individual)

10. **The above Firm/Individual submits this application for Membership and, if elected, agrees to abide by the Byelaws of the Association and the AGS Code of Conduct for Site Investigation.**

Signature of Applicant: Date:

For Official Use	
Proposer: Signature: Organisation: Date:	Seconder: Signature: Organisation: Date:

Form to be returned to:

