

Name of Organisation making an Application as a Member (Applicant Affiliate Organisation): 1.

Address		Postc	ode
Telephone		Email	
Nebsite			
Additional Offices			
Town / City	Telephone No.	Town / City	Telephone No.
Full Name Personal work email		Position Direct Line	
Nature of Business Service	S:		
Support to Members	Technical Client	<u>Geotechnical</u>	/ Geoenvironmental Specialist
nsurers	Geotechnical	Software Hous	ses
Law firms	Geoenvironment	tal Materials, Equ	ipment, Instrument Suppliers
Other Please specify below		Training Comp	panies
providing or receiving a ser	Affiliate Organisation beer vice to Members?	I III THE DUSINESS OF	
	chnical or Geoenvironments oviding a professional serv		
See Byelaws Article 3 for all defini Please complete the table on shee	itions) These numbers will appear et 5 for each Specialist and Gradue	in the Membership Directory an ite claimed, continuing on addit	nd be used for subscription purposes. ional sheets if necessary.

www.ags.org.uk



APPLICATION FORM: AFFILIATE ORGANISATION

You are asked to demonstrate that you 'have a commitment to set, maintain and enhance quality standards and 7. procedures for the Industry and thereby to improve the quality of professional services'.

a) Training	Please use sheet 3 to complete this statement	
b) Management	Please use sheet 4 to complete this statement	

How are you sympathetic to the objectives of the Association? 8.

You are asked to demonstrate your interactive participation with the geotechnical and geoenvironmental activities 9. of the Member Organisations

9. The Byelaws require Applications from potential Affiliate Organisations to be proposed and seconded by two Nominated Representatives of / or specialist within either a Member organisation or an Affiliate organisation or Specialist Member.

Please note that members of the Membership Panel cannot Propose or Second applications. Please indicate Members able to support this application, who will be approached by the AGS Administrator or Membership Panel.

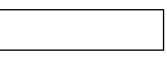
Proposing Member:		
	(Company Name)	(Nominated Representative / Specialist)
Seconding Member:		
	(Company Name)	(Nominated Representative / Specialist)

- 10. The Applicant Affiliate organisation submitting this application for membership shall, if elected, verify that it fully supports the objectives and aims of the Association, and agrees to abide by the Byelaws of the Association and the AGS Code of Business Conduct (these are available on the AGS website at www.aqs.org.uk).
- 11. Please enclose your non-refundable Application Fee with the Application Form and a short cv (not more than 4 pages) for the Nominated Representative who will demonstrate your compliance with the byelaws, clause 3.4 (C).

Signature of Authorised **Representative:**

	-			
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Date:



This form to be returned:

Via post to: The Administrator, AGS, Forum Court, Office 2FF, Saphir House, 5 Jubilee Way, Faversham, Kent, ME13 8GD Via email to: ags@ags.org.uk



Association of Geotechnical & Geoenvironmental Specialists

APPLICATION FORM: AFFILIATE ORGANISATION

To what extent are you committed to the training and development of professional staff? (Please 7. a) Training provide an outline of your organisation's training and CPD policies; to include reference to your training programme, how training objectives are set and progress monitored).

> Association of Geotechnical & Geoenvironmental Specialists Forum Court, Office 2FF, Saphir House, 5 Jubilee Way Faversham, Kent, ME13 8GD

+44 (0)20 8658 8212 ags@ags.org.uk www.ags.org.uk



APPLICATION FORM: AFFILIATE ORGANISATION

7. b) Management Demonstrate that you have a Management System that addresses quality and safety. (Please provide a brief outline of your Company'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).

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