



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

2. Address

Postcode

Telephone

Email

Website

Additional Offices

Town / City	Telephone No.	Town / City	Telephone No.

3. Proposed Nominated Representative of Member Organisation

Full Name

Position

Personal work email

Direct Line

4. Primary Nature of Geotechnical/Geoenvironmental Business Services:

Consultant

Geotechnical

Geoenvironmental

Contractor

Geotechnical

Geoenvironmental

Laboratory

Geotechnical

Geoenvironmental

  
  
  

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

Years

6. Number of full-time Geotechnical or Geoenvironmental Specialists?

7. Number of Geotechnical or Geoenvironmental Graduates?

(See Byelaws Article 3 for all definitions) These numbers will appear in the Membership Directory and be used for subscription purposes.

**Please complete the table on sheet 5 for each Specialist and Graduate claimed, continuing on additional sheets 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

*Please use sheet 3 to complete this statement*

b) Management

*Please use sheet 4 to complete this statement*

9. The Byelaws require Applications from potential Member organisations to be proposed by a Nominated Representative of / or specialist within a Member organisation, and seconded by a Nominated Representative of / or specialist within either a Member organisation or an Affiliate organisation.

*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 Member 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.ags.org.uk](http://www.ags.org.uk)).

11. Please enclose your non-refundable Application Fee with this Application Form and a short cv (not more than 4 pages) for the specialist who will demonstrate your compliance with the byelaws, clause 3.3 (C)

Signature of Authorised  
Representative:

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](mailto:ags@ags.org.uk)

8. a) Training To what extent are you committed to the training and development of professional staff? (Please 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).

8. b) Management Demonstrate that you have a Management System that addresses quality and safety. (Please provide a brief outline of 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. If you are an organisation with less than 3 specialists, please state how reports and other technical output are peer reviewed).



Name	Academic & Professional Qualifications	Experience (Years)	S or G	Personal work email address