



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

2. Address

Postcode

Telephone

Email

Website

Additional Offices

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

3. Proposed Nominated Representative of Affiliate Organisation

Full Name

Position

Personal work email

Direct Line

4. Nature of Business Services:

Support to Members

Insurers

Law firms

*Other Please specify below

☐
☐
☐

Technical Client

Geotechnical

Geoenvironmental

☐
☐
☐

Geotechnical / Geoenvironmental Specialist

Software Houses

Materials, Equipment, Instrument Suppliers

Training Companies

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5. How long has the Applicant Affiliate Organisation been in the business of providing or receiving a service to Members?

Years

6. Number of full-time Geotechnical or Geoenvironmental Specialists or experienced individuals, providing a professional service to the Members

(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.

7. 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

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

9. You are asked to demonstrate your interactive participation with the geotechnical and geoenvironmental activities 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.ags.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:

Date:

This form to be returned:

Via email to: ags@ags.org.uk



7. 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).



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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