

Name of Organisatio	on making an Applica	ation as a Mer	nber (Applicant M	lember Organi	isation):		
Address				Postcode			
Telephone			Email				
Website							
Additional Offices							
Town / City	Telephone	No.	Town / City		Telephone No.		
Proposed Nominate	Proposed Nominated Representative of Member Organisation Full Name Position						
Personal work emai	1		Direct Line				
Ž	Primary Nature of Geotechnical/Geoenvironmental Business Services:						
<u>Consultant</u>		Contractor Seotechnical		Labora	-	Г	
Geotechnical Geoenvironmental	<u> </u>	Geolectifiicai Geoenvironme	ental	<b>—</b>	chnical vironmental		
How long has the Ap Geotechnical and/o				of		Yea	
Number of full-time	e Geotechnical or Geo	environment	al Specialists?				
Number of Geotech	nical or Geoenvironn r all definitions) These nur			irectory and be us	sed for subscription pur	poses.	

 $Please\ complete\ the\ table\ on\ sheet\ 5\ for\ each\ Specialist\ and\ Graduate\ claimed,\ continuing\ on\ additional\ sheets\ if\ necessary.$ 



8. You are asked to demonstrate that you 'have a commitment to set, maintain and enhance quality s 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 stateme	nt		
9.	tive of / or specialist with	lications from potential Member orga nin a Member organisation, and secor organisation or an Affiliate organisatio	ided l		
		ne Membership Panel cannot Propose or Secor to support this application, who will be approa			or Membership Panel.
	Proposing Member:				
		(Company Name)		(Nominated Representat	tive / Specialist)
	Seconding Member:				
		(Company Name)		(Nominated Representat	tive / Specialist)
10.	supports the objectives a	rganisation submitting this application and agreement aims of the Association, and agreement (these are available on the AGS)	es to a	abide by the Byelaws	of the Association and the
11.		-refundable Application Fee with this who will demonstrate your compliand			
	Signature of Authorised Representative:		Date:		

**This** form to be returned:

Via email to: ags@ags.org.uk



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).

### Details of ALL full-time Geotechnical and Geoenvironmental Specialists (S) and Graduates (G) employed: for definition of Specialists, see Byelaws, Cl 3.2 (A) and for Graduate, see Cl 36 (A)

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