

## **APPLICATION FORM:** SPECIALIST MEMBER

dress				Postcode		
Telephone			Email			
ducational and professional qualif	fications:					
Education		Г	Professional			
				,		
Please indicate under which criteri	on (criteria) for	Specialis	t membersl	nin vou are ar	nlving:	
		_	c i i i c i i i c i c i c i c i c i c i	.np you are ap	,p-y6,	
RoGEP Specialist, RoGEP Adviser, SiLC or ASoBRA						
n Chartered Member or equivalent Institute of Materials, Minerals and						
Environmental Management or oth ninimum of 6 years' relevant post-	ner appropriate	Institutio				
person with at least 15 years' rele lemonstrate a long–term, high leve						



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6.	Areas of particular expertise of the Applicant Specialist Member (NOT more than 30 words)							
7.	You are asked to demonstrate that you 'have a commitment to support fully the objectives of the Association':							
8.	The Byelaws require Applicant Specialist Members to be proposed & seconded by existing Specialist Members.  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:							
		(Existing Specialist Member)						
	Seconding Member:							
		(Existing Specialist Member)						
9.	The Applicant Specialist Member submitting this application for membership shall, if elected, agree 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).							
10.	Please enclose your non-pages)	te enclose your non-refundable Application Fee with this Application Form and a short cv (not more than 4 s)						
	Signature of Applicant:		Date:					

This form to be returned:

Via email to: ags@ags.org.uk