

ACCREDITED GEMOLOGISTS ASSOCIATION *Membership Application*
Please print or type information.

This application is for (check one):

<input type="checkbox"/> Voting Member - GG or FGA designation - \$150 *	<input type="checkbox"/> Student Member - \$75 (references NOT required)
<input type="checkbox"/> Associate Member - \$125 *	<input type="checkbox"/> Affiliate Member - \$200 *

Full Name _____ Country _____
 Street Address _____ City _____ State _____ Zip: _____
 Phone _____ Email _____
 Business Name _____ Website _____
 Business type _____ Special Professional Expertise _____

Gemological Credentials & Dates Awarded

Credential (GG, FGA, etc.)	Organization Awarding (GIA, Gem-A, etc.)	Date Awarded

Related Credentials (appraisal or other): _____

Academic Degrees: _____

*The application process requires **3 gemological professional reference letters** from colleagues. To expedite this process, we have included a form letter on the back of this application for you to copy & mail to the people making the reference. If you wish to include return envelopes with the letters, please address them to **AGA, 3315 Juanita St., San Diego, CA 92105**.

Member Affidavit

I hereby attest that the information provided in this application is complete and correct, and that all representations of professional credentials apply to me as an individual and not to a company or affiliate. I understand that Membership in the AGA is granted only to eligible individuals and does not extend to companies or associates.

I have read the AGA Code of Ethics and acknowledge receipt of same. If elected to Membership, I agree to conduct my professional practice within the guidelines of the Code of Ethics and resolutions of AGA.

I accept the responsibility to keep up-to-date on organizational issues of AGA by periodically checking the AGA website. I agree to provide AGA with a valid email address that I frequently check for notifications of organizational issues & events. **

I understand that Membership may be revoked or suspended if I am found in violation of the Code of Ethics and the resolutions of AGA or to have made a fraudulent statement within the scope of this Membership Application.

Loss of Membership entails loss of all benefits, including, but not limited to, revocation of any AGA Designations or Credentials, loss of member materials, and enjoinder from use of the AGA logo or name. I agree to these terms of revocation.

With my signature, I do so affirm and attest this _____ day of _____ 201 ____ .

Applicants Signature _____

Please send this signed application along with payment to:

AGA, 3315 Juanita St., San Diego, CA 92105.

**** Please "white list" email addresses for AGA:**

{anything}@accreditedgemologists.org,

The AGA will not discriminate against any applicants based upon race, creed, color, national origin, age, or gender. Applicants are required to meet substantial member qualifications and to adhere to the AGA Code of Ethics.

Professional Gemological Reference



Accredited Gemologists Association
3315 Juanita St., San Diego, CA 92105

To: _____

Dear _____:

You have been given as a professional reference by _____
on an application for AGA membership.

We appreciate your taking a moment to consider this person's professional Gemological reputation. If you would return this letter, along with your candid comments regarding his/her application, it will expedite the process.

Dear AGA Membership Committee,

Signature _____ **Date** _____

Print Name: _____

Telephone: _____

Email: _____

Please return this letter to: AGA
3315 Juanita Street
San Diego, CA 92105

Alternately, you may scan and email the signed and completed form to jan@accreditedgemologists.org.