AGA
Accredited Gemologists Association

Membership Application (check one)

☐ **Yearly Voting Member – Gemological qualification required – $100***
☐ **Associate Member – $75***
☐ **Lifetime Voting Member – Gemological qualification required – $1250***
☐ **Student Member – 1 Year non-renewable – free**
☐ **Corporate/Affiliate Member – Up to three people per company – $350***

First Name: _____ Middle Name or Initial: _____ Last Name: _____

Company Name (if any): _____

Address: _____

_____

City: _____ State/Prov.: _____

Postal Code: _____ Country: _____

Land Phone: _____ Mobile Phone: _____

E-mail: _____ Website: _____

Gemological Credentials & Dates Awarded

Credential (GG, FGA, FCGmA, etc.) & Organization (select one from list)	**Date Awarded (dd-mmm-yyyy)**
GG (Gemological Institute of America)	
If you do not possess one of the above, but have alternative credentials, please describe below	

Reference Letters (*required for all membership categories except Student)

The application process requires three reference letters from gemological colleagues. To expedite this process, please instruct the three individuals you name below to fill out the Professional Gemological Reference at this link.

1.	2.	3.

Member Affidavit

I understand and hereby attest to the following:

- Information in this application is complete and correct, and all representations of professional credentials apply to me as an individual and not to a company or affiliate.
- 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 will conduct my professional practice within the guidelines of the Code of Ethics and resolutions of AGA and accept 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.
- Membership may be revoked or suspended if I am found in violation of the AGA Code of Ethics and AGA resolutions 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 enjoinment from use of the AGA logo or name. I agree to these terms of revocation.

Applicant's Signature: _____ Date: _____ _____ _____
day month year

Please email this signed application to: exec.admin@accreditedgemologists.org and arrange payment through PayPal at this link. Alternately, you may print and mail the signed form and a check to the address below.

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

AGA
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