

Membership Application

Yearly Voting Member – Gemological credential required – \$125

Associate Member – \$100

Lifetime Voting Member – Gemological credential required – \$1250

Student Member – 1 Year non-renewable – free

Corporate 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: _____

Voting memberships select Gemological Credential & Date Awarded | Students: select program enrolled in

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

Reference Letters (not required for Student Membership)

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 Form.

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, other than Corporate, is granted only to eligible individuals and does not extend to their related organization.
- 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 or rules, 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 prohibition of use of the AGA logo or name. I agree to these terms of revocation.

Applicant's Signature: _____

Date: (dd/mm/yy) _____

** If you cannot provide a digital signature, please save, print, and sign the document prior to submission.*

This form must be saved to your computer prior to sending via email.

Please email or mail this form to AGA Headquarters. (Contact information below)