



AMERICAN GEM TRADE ASSOCIATION FIRM MEMBER APPLICATION

Name of Company \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Telephone (local) \_\_\_\_\_ (Toll-free) \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

When and where was the company organized in North America?

Date \_\_\_\_\_ Location \_\_\_\_\_

Has the company been in business anywhere other than that listed above? \_\_\_\_\_

If yes, please list dates, locations and business name(s) \_\_\_\_\_

Company Federal Employee or Tax Identification number \_\_\_\_\_

Name of the person who will represent the company as the voting member in AGTA:

\_\_\_\_\_

List the percentage of your business in the following areas:

Wholesale loose natural colored gemstones or cultured pearls \_\_\_\_\_ %

Wholesale natural colored gemstone jewelry \_\_\_\_\_ %

Diamonds \_\_\_\_\_ %

Other (please describe) \_\_\_\_\_ %

TOTAL MUST EQUAL 100% \_\_\_\_\_ %

Are you listed by JBT? \_\_\_\_\_ Yes \_\_\_\_\_ No JBT# \_\_\_\_\_ Rating \_\_\_\_\_

Please list other trade or industry organizations of which you or your company is a member:

\_\_\_\_\_

Applicants for Firm Membership: Please include the following items when sending in your application:

- (1) A check for \$1,250 (annual dues of \$1,000 and a non-refundable application fee of \$250).
(2) Copies of government issued business licenses, or copy of EIN.
(3) Proof that the company has been permanently based in North America for the past two years (ie. Copy of incorporation papers).
(4) Member of record's proof of employment in a North American gem and/or jewelry business for the past five years (ie. Individual's name on business license; notarized letter from company accountant).
(5) PLEASE NOTE - Applications submitted without fees and documentation can not be processed.

Please list six (6) or more trade references, at least four (4) of your references must be AGTA Firm members. (We need to receive a minimum of three (3) positive FIRM MEMBER AGTA responses before we can present your company for member approval). The remaining two may be AGTA Affiliate Members or jewelry industry trade references. Please refer to the AGTA Source Directory for current AGTA members. Please print.

1. Company \_\_\_\_\_ Individual to contact \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_
2. Company \_\_\_\_\_ Individual to contact \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_
3. Company \_\_\_\_\_ Individual to contact \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_
4. Company \_\_\_\_\_ Individual to contact \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_
5. Company \_\_\_\_\_ Individual to contact \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_
6. Company \_\_\_\_\_ Individual to contact \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

AGTA will research all references and will verify all of the information provided by the applicant. Completed application and the result of our research will be reviewed by AGTA.

Please have the member of record, the individual listed on the first side of the application, read and sign the following statement:

I affirm that all of the information that I provided on this application is true. In the event of my acceptance as a member of the American Gem Trade Association, I agree to abide by the Constitution, Code of Ethics and Rules of the Association. Should my application for membership be denied, I agree to hold the American Gem Trade Association, its officers, directors, agents, employees and insurers harmless from any and all claims for damages arising there from. I understand in the event of a material misrepresentation of any of the information provided above, this application will be denied and my company and I will be barred from reapplying for membership in AGTA.

I also understand that upon approval of membership, my firm will begin a six-month probationary membership period. Full membership in the Association will commence at the end of the probationary period, if no objections are brought against my application during that time.

I agree to accept the decision of the AGTA regarding approval or non-approval of my request for membership.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print or type name \_\_\_\_\_

**AGTA**

AMERICAN GEM TRADE ASSOCIATION

3030 LBJ Frwy., Ste. 840 • Dallas, Texas 75234  
214-742-4367 • 800-972-1162 • Fax: 214-742-7334