

# AGTA AMERICAN GEM TRADE ASSOCIATION STUDENT APPLICATION

Name of Individual \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Have you organized your own company? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Are you working in a jewelry-related company? Name of company \_\_\_\_\_

Please list the school you are attending:

School \_\_\_\_\_ Individual to contact \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Are you a current student of Gemology? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please include a check for \$50.00 for annual dues and proof of school enrollment along with application.

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

All applicants are requested to read and sign the following statement:

I affirm that all of the information provided by me 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. I understand in the event of a material misrepresentation of any of the information provided above, this application will be rejected and my company and I will be barred from reapplying for membership in AGTA.

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

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

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



AMERICAN GEM TRADE ASSOCIATION

THE AUTHORITY IN COLOR™

3030 LBJ Freeway, Suite 840 Dallas, Texas 75234 214.742.4367 800.972.1162 214.742.7334 FAX

www.agta.org www.addmorecolortoyourlife.com