

STUDENT MEMBER APPLICATION



Name of Individual _____

Mailing address _____

City _____ State _____ Zip +4 _____

Telephone (____) _____ Cell (____) _____ Fax (____) _____

E-mail _____ Website _____

Have you organized your own company? No _____ Yes _____ (If you answered yes, please complete the following:

Name _____ Date _____ Location _____

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

Are you a current student of Gemology? Yes _____ No _____

Please list the school you are attending:

School _____ Individual to contact _____

City _____ State _____ Phone (____) _____

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.

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 affiliate membership.

Signed _____ Date _____

Print Name _____

