



## 2019-20 MEMBERSHIP APPLICATION

Name of Applicant \_\_\_\_\_ Spouse \_\_\_\_\_  
(First, Middle, Last) (First, Last)

Title: \_\_\_\_\_ Independent ☐ Employee ☐ Other ☐ Years of experience: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

Company/Firm/Broker: \_\_\_\_\_

Previous Companies/Firms/Brokers [Include Dates]:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Per the Los Angeles Association of Professional Landmen's By-Laws I am applying as an  
☐ Active Member ☐ Associate Member ☐ Life member ☐ Honorary Member

Are you interested in working on any of the following with the LAAPL?  
☐ Board of Directors ☐ Golf Tournament ☐ Other as needed

Are you a member of the American Association of Professional Landmen? ☐ Yes # \_\_\_\_\_ ☐ No  
Note your AAPL professional designation(s) ☐ CPL # \_\_\_\_\_ ☐ RPL # \_\_\_\_\_ ☐ RL # \_\_\_\_\_ ☐ ESA # \_\_\_\_\_

I hereby apply for Membership in the *LOS ANGELES ASSOCIATION OF PROFESSIONAL LANDMEN*, an independent non-profit association dedicated to the understanding, promotion, and advancement of professional Landmen in the State of California, and their fellow workers in the petroleum industry. If applying for Active Membership, I attach the first year's dues of Forty Dollars (\$40.00) for the fiscal year commencing July 1<sup>st</sup>.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

The undersigned, being Active Members of the *LOS ANGELES ASSOCIATION OF PROFESSIONAL LANDMEN*, and personally acquainted with the professional qualifications of the above named Applicant, state that the Applicant is fully qualified for Membership in the Association.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please return this form along with your check payable to the Los Angeles Association of Professional Landmen [LAAPL] to:**  
Allison Foster, SHPI / LAAPL Membership Chair  
2633 Cherry Avenue  
Signal Hill, CA 90755  
afoster@shpi.net / 562.326.5220

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### For LAAPL Use Only

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Check Number: \_\_\_\_\_

Dues accepted for period: \_\_\_\_\_

Membership approved by: \_\_\_\_\_ Date: \_\_\_\_\_