

**WYOMING ASSOCIATION OF PROFESSIONAL LANDMEN  
2017 MEMBERSHIP/DIRECTORY FORM**

(Dues period covers one calendar year – January 1 through December 31)

Name/Nickname: \_\_\_\_\_  
(First) (M.I.) (Last)

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ Region(s) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**NOTE:** Residential Information is Not Published in the WAPL Directory.

Residence Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No. of Years: Professional Landman: \_\_\_\_\_ Attorney: \_\_\_\_\_ Other: \_\_\_\_\_ Student/Class: \_\_\_\_\_

I am an **Active** or **Associate** member of AAPL: Yes \_\_\_\_\_ No \_\_\_\_\_ A.A.P.L. # \_\_\_\_\_

I have the following American Association of Professional Landmen (**AAPL**) certifications: (please check and supply #)

Certified Professional Landman (**CPL**): Yes \_\_\_\_\_ No \_\_\_\_\_

Environmental Site Assessor (**ESA**): Yes \_\_\_\_\_ No \_\_\_\_\_

Registered Professional Landman (**RPL**): Yes \_\_\_\_\_ No \_\_\_\_\_

Registered Landman (**RL**): Yes \_\_\_\_\_ No \_\_\_\_\_

My Primary State Association is: \_\_\_\_\_ (State closest to your residence)

Other Professional Landman Associations: \_\_\_\_\_ (Clarify initials with name of city, i.e. DAPL/Denver)

I am a member of **PAW** (Petroleum Association of Wyoming): Yes \_\_\_\_\_ No \_\_\_\_\_

I am a member of **IPAA** (Independent Petroleum Association of America): Yes \_\_\_\_\_ No \_\_\_\_\_

I am a member of **RMMLF** (Rocky Mountain Mineral Law Foundation): Yes \_\_\_\_\_ No \_\_\_\_\_

I am a member of **MSLF** (Mountain State Legal Foundation): Yes \_\_\_\_\_ No \_\_\_\_\_

**ANNUAL DUES:**

\_\_\_\_\_ I am a **applying for Membership** or **renewing Member** and am enclosing **\$50.00 for annual dues**.

\_\_\_\_\_ I am **applying** as a **Student Member** and am except from dues.

\_\_\_\_\_ I am a **Life/Honorary Member** and am **exempt from paying dues** because I have attained the age of 65 and have been active in WAPL for the last 5 years. (Applicants must be approved by the WAPL Executive Board).

\_\_\_\_\_ I would like to contribute \$ \_\_\_\_\_ to the W.A.P.L. Scholarship Fund.

\_\_\_\_\_ By submittal of this application for membership, Applicant accepts and agrees to abide the Code of Ethics as provided in The WAPL Bylaws. (The WAPL Bylaws can be read at [www.wylandman.com](http://www.wylandman.com))

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN TO:  
**WAPL**  
P.O. Box 1012, Casper, WY 82602