

**WYOMING ASSOCIATION OF PROFESSIONAL LANDMEN
2018 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)

Signature: _____

Date: _____

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