

MEMBER APPLICATION



Name of Company _____

Name of the person who will represent the company as the AGTA Member of Record _____

Street Address _____

City _____ State _____ Zip +4 _____

Telephone (local) (____) _____ Toll-free (____) _____ Fax (____) _____

E-mail _____ Website _____

When and where was the company organized in North America? Date _____ Location _____

Has the company been in business anywhere other than that listed above? Yes _____ No _____

If yes, please list date, location & business name _____

Federal Employee or Tax Identification Number _____ Resale Tax Number _____

Please indicate the category below that best describes your company:

Manufacturer _____ Retailer _____ Estate Dealer _____ Color Diamond Dealer _____ Industry Professional _____

List the percentage of your business in the following areas (total should equal 100%):

Estate _____%

Manufacturing _____%

Lapidary services _____%

Diamond sales _____%

Synthetics _____%

Retail sales _____%

Laboratory services _____%

Other (please describe) _____%

Are you listed by JBT? Yes _____ No _____ JBT# _____ Rating _____

Please list other trade or industry organizations of which you or your company is a member:

Applicants for Membership: Please include the following items when sending in your application:

- (1) A check for \$350.00 for annual dues.
- (2) Copies of government issued business licenses, or copy of EIN.
- (3) Proof that the Member of Record has been employed in a U.S. or Canadian gem and/or jewelry business for the past two years (i.e. Individual's name on business license; notarized letter from company accountant).

PLEASE NOTE — Applications submitted without fees and documentation cannot be processed.

Please list six (6) or more trade references. At least three of your references must be AGTA Members, and two of the three must be AGTA Firm Members. Please refer to the AGTA Source Directory for current AGTA Members.

Company	Contact Name
City, State	Email
Phone	Fax
Company	Contact Name
City, State	Email
Phone	Fax
Company	Contact Name
City, State	Email
Phone	Fax
Company	Contact Name
City, State	Email
Phone	Fax
Company	Contact Name
City, State	Email
Phone	Fax
Company	Contact Name
City, State	Email
Phone	Fax
Company	Contact Name
City, State	Email
Phone	Fax

AGTA will research all references and verify all of the information provided by the applicant. Please have the Member of Record, the individual listed on the first side of the application, read and sign the following statement:

I affirm that all of the information that I provided 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. Should my application for Membership be denied, I agree to hold the American Gem Trade Association, its officers, directors, agents, employees and insurers harmless from any and all claims for damages arising there from. I understand in the event of a material misrepresentation of any of the information provided above, this application will be denied and my company and I will be barred from reapplying for Membership in AGTA.

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

Signed _____ Date _____

Print Name _____

