



Application for Full Membership SOCIETY OF INDEPENDENT PROFESSIONAL EARTH SCIENTISTS

Return to: _____ Address: _____

(Name of applicant, in full)

In making application for Full Membership in the Society of Independent Professional Earth Scientists, please fill in all blanks wherever possible. The information which you give should be correct, leaving no room for doubt, misinterpretation or misrepresentation. Before making formal application for Full Membership, you should procure and read the Society's Constitution, which you can obtain from your sponsors or from the Headquarter's office. Failure to inform yourself on these instruments will in no way excuse you from compliance with the requirements. We further ask that you read the affidavit on this page before you fill in this form.

The Board of Directors

PLEASE READ THE INSTRUCTIONS ON PAGE THREE

To the Board of Directors, Society of Independent Professional Earth Scientists:

I hereby make application for Full Membership in the Society of Independent Professional Earth Scientists. I submit the statements in this application for your information and consideration. I am an independent with freedom of choice of clients.

AFFIDAVIT

In affixing my signature to this application, I warrant that all statements made by me on all sheets therein are true and correct, and further I affirm that I have read the Constitution of the Society of Independent Professional Earth Scientists and that I subscribe to and will abide by it and all the provisions therein as now in effect, or hereafter amended, and that any untrue or incorrect statements made by me in this application, or my failure to abide by the Constitution shall be sufficient grounds for my suspension or expulsion and revocation of my certification from the Society, as may be determined and directed by the Board of Directors. In the event such action is taken, I agree to return immediately the Society's Seal and Certificate.

It is my understanding that said Constitution as now existing or as it may be amended hereafter shall be the sole measure of my rights and privileges in the Society.

I hereby agree that admission to the Society of Independent Professional Earth Scientists shall be granted or refused at the sole discretion of the Board of Directors, and I further agree that, in the event Full Membership is not granted to me, or if granted and I am later censured, suspended or expelled by the Board of Directors, as provided for in Article 3, Section 7 of the Constitution, I will make no claim against the Society, its Board of Directors, or any individual member.

Date: _____ Signature **X** _____
(As usually written)

Name: _____
(Typed or Printed)

NAMES OF SPONSORS OR RECIPROCAL MEMBERSHIP

X _____ DPA CPG No. _____
(Sponsor Name Typed or Printed) SIPES No. _____

X _____ SPEE Member _____
(Sponsor Name Typed or Printed) SIPES No. _____

X _____
(Sponsor Name Typed or Printed) SIPES No. _____

To the Applicant: When you have completed this form and the affidavit is signed, please return the form to one of the sponsors or forward it to the local membership chairman.

→ SEND SIPES MAIL TO: Business _____ Home _____ ← CHECK ONE SIPES NO. _____

Print your name below as you would like it to appear on your membership certificate:

Business: _____
 (Street) (City) (State) (Zip) (Telephone)

Residence: _____
 (Street) (City) (State) (Zip) (Telephone)

Name of Spouse: _____ E-Mail Address: _____

Profession: _____ Specialty _____

Sole Proprietor _____, Partner _____, Corporate Officer _____, Social Security Paid By: _____

Consulting _____, Nonconsulting _____, Both _____, Petroleum _____, Other _____,

Exploration _____, Development _____, Appraisal _____, Operations _____, Research _____, Management _____, Other _____

Additional Qualifications: List other earth science disciplines of competence and areas worked:

Place of Birth _____ Date of Birth _____

Citizenship _____

DETAILED STATEMENT OF COLLEGE WORK

From (Year)	To (Year)	College or University	Major (Specific Earth Science)	Degrees Received	Give Dates

RECORD OF EXPERIENCE

From (Year)	To (Year)	Company	Description of Your Work Including Title of Position

→ SINCE _____, INDEPENDENT
 (Year)

PROFESSIONAL AND SCIENTIFIC AFFILIATIONS

Name other scientific societies to which you belong, stating grade of membership and offices held, and honors received from these societies. List any certification and number. If you are a licensed professional, give state(s) and license number(s).

PUBLICATIONS

State title of any published articles, books, etc. of which you are the author; even if unpublished, give title and synopsis of your college thesis. If your bibliography is long, you may list titles of your major works and list groups of general subjects of others. You do not need to list all publications.

APPLICANT: ATTACH PHOTO HERE

Use an original photo or send a digital format by e-mail to: sipes@sipes.org
No photocopies, please.

To the Applicant: Do not use the spaces below

LOCAL MEMBERSHIP COMMITTEE COMMENTS

SPONSORS 1 _____ 2 _____ 3 _____

APPLICATION _____, 20_____

PHOTO _____

SIGNATURES _____

AFFIDAVIT _____

RECOMMENDATION:

_____ FURTHER INVESTIGATION

_____ APPROVAL

_____ REJECTION

_____ Date

_____ Chairman, Local Membership Committee

NATIONAL MEMBERSHIP COMMITTEE COMMENTS

RECOMMENDATION:

_____ FURTHER INVESTIGATION

_____ APPROVAL

_____ REJECTION

_____ Date

_____ Chairman, National Membership Committee

_____ President

_____ Vice President

_____ Treasurer

_____ Secretary

INSTRUCTIONS FOR COMPLETING THE APPLICATION

PRIMARY SPONSOR

1. In addition to the data on the training and experience of the applicant, the form requires three sponsors. For applicants in SIPES Chapter states, sponsors must be current SIPES Members. Sponsors are not required if the applicant is currently a member of the DPA of the AAPG or a member of SPEE. This should be noted on the front page.

2. The applicant's profession (on the data page) must be shown as an earth scientist, e.g., *Geophysicist, Petroleum Engineer*.

3. A photograph of the applicant is requested. Send an original photo or email a digital photo to sipes@sipes.org.

4. The completed application should be given to the local membership chairman. Your local membership chairman is:

Address: _____

5. Fees and dues are to be paid only upon notification by the SIPES Treasurer. DO NOT SEND ANY FUNDS WITH THE APPLICATION.

6. If any questions require more space for answers, please attach an 8 1/2 X 11" sheet for those answers to the application.

7. Please remember to indicate who pays your social security taxes.

SPONSORS

1. Sponsors' signatures are required on the sponsor form, with their seal imprints affixed to the sponsor form.

2. Sponsors should mail or deliver their completed sponsor forms to the primary sponsor or local membership chairman.

MEMBERSHIP ACCEPTANCE

Each applicant is considered by the Board of Directors Membership Committee. If approved, notice of election to Full Membership will be mailed, along with a statement for the initiation fee and national dues. Each new member will receive a seal and membership certificate.



**SPONSORSHIP FORM FOR FULL MEMBERSHIP
SOCIETY OF INDEPENDENT PROFESSIONAL EARTH SCIENTISTS**

Name of Applicant: _____

Address: _____

INSTRUCTIONS TO SPONSORS

1. Sponsor's signature and seal are required on this form.
2. Primary Sponsor should mail or deliver completed sponsor forms to the Chapter Membership Chairman. If the applicant is from an area without a chapter, mail the form to the SIPES National Office or to the SIPES National Vice President.
3. Sponsors must provide complete information to help the board determine the applicant's eligibility.

POINTS TO BE CONSIDERED

1. You must have known the applicant for at least one year.
2. Candidates for Full Membership Must:
 - A. Be engaged in some phase of earth science
 - B. Have freedom of choice in selection of clients
 - C. Have twelve years of experience in the earth sciences, credit is given for time spent in earning degrees from accredited colleges or universities, per Article 3, Section 2 of the bylaws.

Sponsor: Complete this form promptly and give to the primary sponsor or chapter membership chairman

DO NOT SPONSOR AN APPLICANT WHO SHOULD NOT BECOME A FULL MEMBER!

1. How long have you known the applicant?
2. What relationship have you had with the applicant to enable you to judge his/her abilities and qualifications?
3. Give a brief but specific statement on the professional experience of the applicant.
4. Give a brief statement regarding the character and professional conduct of the applicant.
5. Provide any further information which may bear on the acceptance of the applicant.

6. DOES THE APPLICANT HAVE FREEDOM OF CHOICE OF CLIENTS?

Name of Sponsor _____ Address _____
(Print or Type)

Signature of Sponsor _____ SIPES No. _____

Date _____

**Sponsor's Seal
Must be Affixed**