

**WYOMING ASSOCIATION OF PROFESSIONAL LANDMEN
2022 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 **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