

**BLACK WARRIOR ASSOCIATION OF PROFESSIONAL LANDMEN  
MEMBERSHIP APPLICATION**

Gentlemen:

Please accept my application for membership in the Black Warrior Association of Professional Landmen. If approved, I agree to be governed by the by-laws of the Association.

TYPE MEMBERSHIP APPLIED FOR: ACTIVE \_\_\_\_\_ ASSOCIATE \_\_\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

EMPLOYER / INDEPENDENT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE # : \_\_\_\_\_ FAX # : \_\_\_\_\_

CELLULAR TELEPHONE # : \_\_\_\_\_ PAGER # : \_\_\_\_\_

BRIEF DISCUSSION OF DUTIES AND/OR LANDMAN EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LENGTH OF TIME EMPLOYED AS A LANDMAN : \_\_\_\_\_

MEMBER OF AMERICAN ASSOCIATION OF PROFESSIONAL LANDMEN ? Yes\_\_\_ or No \_\_\_

IF YES, TYPE OF AAPL MEMBERSHIP: ACTIVE RLP \_\_\_\_\_ or CPL \_\_\_\_\_ or ASSOCIATE \_\_\_\_\_

AAPL MEMBERSHIP NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I have personal knowledge that the above facts are true and correct, and I sponsor the above named applicant for membership:

SPONSOR: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

The sponsorship by three active BWAPL members is required for membership application. Please return this application along with your check for \$40.00 for this year's dues to:

Black Warrior Association of Professional Landmen  
P. O. Box 020409,  
Tuscaloosa, Alabama 35402