

▶ REGISTRATION FORM

AAPL Member				
Non-Member *	6			
* Covers your membership application fee and dues through the next occuring June 30 th	d			
REGISTRANT INFORMATION				
NAME:			AAPL No.:	
COMPANY:				
ADDRESS:				
CITY, ST ZIP:				
EMAIL:		PHONE:		
PAYMENT INFORMATION (non-member)	bers only)			
TYPE: VISA MASTERCARD	AMEX	DISCOVER	Check No.	
CREDIT CARD NO.:				
EXP DATE: CVV:				
NAME on CARD:				
SIGNATURE:				
SIGNATURE: Remit credit card payments to AAPL, 800 Remit check payments to AAPL, P.O. Box 2				
Remit credit card payments to AAPL, 800	225395, Dallas, ⁻ ocess your event re	ΓX 75222-5395 gistration until your ch	eck has cleared, which may dela	

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