



www.smenet.org

REGISTERED MEMBER APPLICATION

Society for Mining, Metallurgy, and Exploration, Inc.

8307 Shaffer Parkway
Littleton, Colorado 80127
(303) 973-9550 (800) 763-3132
Fax: (303) 948-4265 E-mail: membership@smenet.org

Registered Member Dues:

\$210 per year

Entrance Fee: \$20
or
Reinstatement Fee: \$10
Fee Breakdown:
\$ 135 Dues
+ \$ 75 Registered Member Fee
= \$ 210

If you are a current SME Member, please provide your member number:

The Following is REQUIRED to Process Your Application:

- ✓ Completed Application
 - ✓ Payment
 - ✓ Copy of Diploma or Transcript
 - ✓ Curriculum Vitae/Resume
- And either:**
- ✓ Copy of valid, CURRENT license or certification
- OR**
- ✓ Three completed verification forms

REGISTERED MEMBER QUALIFICATIONS: A Registered Member is a scientist, engineer or technologist who is involved with the discovery, extraction and utilization of minerals, metals and energy sources. The membership includes geologists, geoscientists, mining engineers and metallurgists, environmentalists, and other scientists, engineers and technologists. A person eligible for election or transfer into the class of Registered Member shall have 1) a university degree from a U.S. accredited university or a recognized international university, **and 2) a minimum of five (5) years of professional experience**, of which at least three (3) must have been in a position of responsibility, defined as one in which the individual was depended on for significant participation and decision making. University degree must be in fields related to the discovery, extraction and utilization of minerals, metals and energy sources. Applicants must submit a copy of their signed University Degree or a copy of transcripts that confirms graduation. **Professional experience must be in the mineral and extractive industries, or in government, educational, research, professional or commercial organizations.** Every Registered Member shall observe and be bound by the SME Code of Ethics as published by SME from time to time. Any alleged breach of this code or any alleged unprofessional conduct by a Registered Member which may be brought before the Ethics Committee shall be investigated and, if proved, shall be dealt with in accordance with the outlined procedures.

REGISTERED MEMBER CONDITIONS

Applicants must demonstrate that they satisfy at least **ONE OF THE FOLLOWING:**

- Licensed or Certified in a state of the United States that is a member of the National Association of State Boards of Geology (ASBOG).
- Certified by the American Institute of Professional Geologists (AIPG) as a Certified Professional Geologist.
- Professional Engineer licensed or certified in a state of the United States. Must provide proof of current license.

OR

- You may apply if you do not meet the above criteria but you will need to provide three endorsements.
(Those endorsing you must complete the Verification Form of this application and must be SME Registered Members.)

REGISTERED MEMBER SME CODE OF ETHICS

(Interpretation of the Code of Ethics along with Admission, Resignation and Disciplinary Procedures can be obtained from SME or at www.smenet.org)

This list is not exhaustive and may be amended subject to approval by the SME Board of Directors.

1. The responsibility of members for the welfare, health and safety of the community shall at all times come before their responsibility to the profession, to sectional or private interests, or to other members.
2. Members shall act so as to uphold and enhance the honor, integrity and dignity of the profession.
3. Members shall perform work only in their areas of competence.
4. Members shall build their professional reputation on merit and shall not compete unfairly.
5. Members shall apply their skill and knowledge in the interests of their employer or client for whom they shall act, in professional matters, as faithful agents or trustees.
6. Members shall give evidence, express opinions or make statements in an objective and truthful manner and on the basis of adequate knowledge.
7. Members shall continue their professional development throughout their careers and shall actively assist and encourage those under their direction to advance their knowledge and experience.
8. Members shall comply with all laws and government regulations relating to the mineral industries, and with the rules, regulations and practices as established and promulgated by the U.S. Securities and Exchange Commission with respect to the official listing requirements for mining and other companies.

_____ Last Name: _____

Approved Do NOT Write In This Space

↑ FOR OFFICE USE ONLY ↑

Prefix: Mr. Mrs. Ms. Dr. Male Female

(PLEASE PRINT)

Name: _____
Last First Middle Initial

Company Name: _____

Present Position Title: _____

E-Mail Address: _____ Birth Date: _____

Business Mailing Address

Street or PO Box: _____

City: _____ State/Province: _____

Country: _____ Zip/PC: _____

Phone: _____ Fax: _____

Home Mailing Address

Street or PO Box: _____

City: _____ State/Province: _____

Country: _____ Zip/PC: _____

Phone: _____

Preferred Mailing Address: Home Business

Signature

I declare, by signing this application, that all statements made herein and on any appended sheets are true and accurate to the best of my knowledge, information, and belief. I shall abide by the Charter, Bylaws and Code of Ethics of the Society for Mining, Metallurgy, and Exploration Inc., and that I subscribe to and will abide by them and all provisions in them as now in effect or hereafter amended and that any untrue or incorrect statement knowingly made by me in this application or my failure to abide by the Charter, Bylaws and Code of Ethics, shall be grounds for my suspension or expulsion from the Society as may be determined and directed by the Ethics Committee.

I affirm adherence to applicable professional and ethical standards, have not had a certification, license, or similar qualification suspended or terminated for ethical or disciplinary reasons during my career, nor have I resigned for such designation in participation of or in settlement of proposed grievance or disciplinary proceedings.

I grant SME permission to contact listed employers, endorsers, and others who may provide information concerning my qualification for membership, and to divulge information contained in the application, or obtained in SME's review, of my qualification, which is necessary for verification of my qualifications.

If elected, I agree to abide by the bylaws and rules of the Society for Mining, Metallurgy, and Exploration, Inc. as the same are now in effect and as they may hereafter be modified while I am a member. I understand that under certain laws and regulations, SME must have my permission in order to communicate with me via fax or email. I hereby give SME Foundation, SME Local Sections and SME business associations permission to send me information and advertisements. If SME does NOT have your permission to communicate with you via fax or email, you may not have access to some of your electronic member benefits.

Name: (print) _____

Signature: _____ Date: _____

Completed Applicant Verification Forms for my three endorsers are included. Endorsers must be SME Registered Members.

My three endorsers are (please PRINT LEGIBLY): **Please Note: It is the Applicants responsibility to follow-up with their endorsers.**

First Name: _____ Last Name: _____ Phone: _____ E-mail _____

First Name: _____ Last Name: _____ Phone: _____ E-mail _____

First Name: _____ Last Name: _____ Phone: _____ E-mail _____

SME Membership was recommended to me by: _____

Record of Experience

Include a brief record of employment for the most recent 5 years. Please include all records of employment related to the minerals industry. *You must also submit a complete Curriculum Vitae.*

| | | <i>Position of Responsibility</i> |
|-------|---|---------------------------------------|
| From: | Title: _____ Employer: _____ | <input type="checkbox"/> Yes |
| To: | Nature of employer's business: _____ Primary responsibilities: _____ | |
| From: | Title: _____ Employer: _____ | <input type="checkbox"/> Yes |
| To: | Nature of employer's business: _____ Primary responsibilities: _____ | |
| From: | Title: _____ Employer: _____ | <input type="checkbox"/> Yes |
| To: | Nature of employer's business: _____ Primary responsibilities: _____ | |

Education

Please list all schools, degree earned, major, and date of graduation. **Registered Members must submit a copy of their Degree related to earth science or a document confirming graduation.**

Name of School: _____ Date of Graduation or Expected Date of Graduation: _____

Degree Earned: _____ Major: _____

Name of School: _____ Date of Graduation or Expected Date of Graduation: _____

Degree Earned: _____ Major: _____

Name of School: _____ Date of Graduation or Expected Date of Graduation: _____

Degree Earned: _____ Major: _____

Divisional/Technical Interest

Please indicate, in order of preference (1, 2, 3), a minimum of one and no more than three, technical interest categories.

Divisions:

- Coal & Energy (F)
 Environmental (E)
 Industrial Minerals (H)
 Mining & Exploration (Metallics) (A)
 Mineral & Metallurgical Processing (B)
 Underground Construction Association (U)

Technical Interest Committees:

- Bulk Material Handling (M)
 Construction Materials & Aggregates (O)
 Education (J)
 Minerals Resource Management (K)

Industry Sector

- | | |
|--|--|
| <input type="checkbox"/> Coal Mining (1B) | <input type="checkbox"/> Industrial Minerals Mining (1C) |
| <input type="checkbox"/> Coal Processing (6) | <input type="checkbox"/> Industrial Minerals Processing (1D) |
| <input type="checkbox"/> Economics (4) | <input type="checkbox"/> Manufacturing (5) |
| <input type="checkbox"/> Education (3) | <input type="checkbox"/> Metallurgy (9) |
| <input type="checkbox"/> Environmental (7) | <input type="checkbox"/> Metals Mining (1A) |
| <input type="checkbox"/> Geology/Exploration (8) | <input type="checkbox"/> Metals Processing (10) |
| <input type="checkbox"/> Government (2) | <input type="checkbox"/> Underground Construction/Tunneling (11) |

Job Title

- | | |
|--|---|
| <input type="checkbox"/> Consultant (C) | <input type="checkbox"/> Mine/Plant Manager (N) |
| <input type="checkbox"/> Educator (D) | <input type="checkbox"/> Owner (O) |
| <input type="checkbox"/> Engineer (E) | <input type="checkbox"/> President/CEO/COO (P) |
| <input type="checkbox"/> GM/Vice President (G) | <input type="checkbox"/> Purchasing Agent (R) |
| <input type="checkbox"/> Geologist (H) | <input type="checkbox"/> Scientist/Researcher (S) |
| <input type="checkbox"/> Marketing/Sales (M) | <input type="checkbox"/> Student (T) |

Optional Subscription

YES, I would like to subscribe at the members' price to:

Minerals & Metallurgical Processing Journal

- \$ 99 Online
 \$ 119 Hardcopy and online

Payment

**DUES ARE PAYABLE ON A CALENDAR YEAR BASIS.
PAYMENT MUST ACCOMPANY APPLICATION.**

Please charge the following credit card:

(check one)

- American Express Discover or Check Enclosed
 MasterCard Visa Check # _____

Card Number: _____

Expiration Date: _____

Signature: _____

DUES \$ **135.00**

REGISTERED MEMBER FEE \$ **75.00**

ENTRANCE FEE \$ _____

REINSTATEMENT FEE \$ _____

M&MP SUBSCRIPTION \$ _____

Dues Payable in U.S. Dollars Only

TOTAL \$ _____

THE FOLLOWING IS REQUIRED to process your application:

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- And either:**
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REGISTERED MEMBER VERIFICATION FORM

www.smenet.org

Applicant's Name _____
has filed an application with Society for Mining, Metallurgy & Exploration, Inc. (SME) for SME Registered Member Status. Qualification for this status depends, among other considerations, on the verification of the extent, diversity, and quality of the applicant's practical training and professional experience. Please assist us by supplying the information requested below, based upon your own personal, first-hand working knowledge of the applicant. *Attach additional sheets if needed. Thank you!*

Verification of Applicant's experience: From _____ To _____
Month/Year Month/Year

Applicant's employer during this period: _____

VERIFIER MUST BE AN SME REGISTERED MEMBER.

Please provide your SME Registered Member Number: _____

Information on Verifier:

Name _____

Employer _____

Title _____ Nature of your current business _____

Business Address _____

Office Phone _____ Email _____

Please provide detailed information to the following questions regarding the Applicant:

1. Profession and specialty (if any) _____ Years of Experience _____
2. What was your business or professional relationship to the applicant during the time frame indicated on this form? _____

3. Please state your opinion regarding the duration, extent, and complexity of the applicants job related tasks during the time frame indicated on this form. _____

4. Evaluate the job performance of the applicant during the time frame indicated on this form. _____

5. Please provide any additional comments. _____

I declare, by signing this form that all of the information provided is accurate to the best of my knowledge.

Verifier's Signature _____ Date _____

PLEASE RETURN THIS FORM TO SME

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