

AAPG FOUNDATION

Trustee Associates Biographical Data Sheet

Name _____

Nickname *(as preferred for badges, etc.)* _____

Birthdate _____

Spouse's Name _____ Nickname _____

Spouse's Birthdate _____ Anniversary _____

(Birthdate and Anniversary information is requested so the Foundation may send cards to celebrate these events)

ADDRESS INFORMATION *(Please indicate which address you prefer us to use as your primary mailing address)*

Business Address Preferred

Business Name: _____

Street Address _____

City _____ State _____ Zip _____ Country _____

Business Phone () _____ Fax () _____ Cell () _____

E-mail address _____

Assistant's name _____ Assistant's Email _____

Home Address Preferred

Street Address _____

City _____ State _____ Zip _____ Country _____

Home Phone () _____ Fax () _____ Cell () _____

E-mail address _____

EDUCATION (*College/University, All degrees earned, and year received*)

Alma Mater _____ Year _____

Alma Mater _____ Year _____

Alma Mater _____ Year _____

CAREER EXPERIENCE SUMMARY (*most significant, please be brief*): _____

_____ Retired

Current _____

Past _____

PROFESSIONAL AFFILIATIONS : _____

SIGNIFICANT HONORS OR AWARDS: _____

Please enclose, or e-mail a photo (or photos) of you and your spouse.

Check here to give permission to use name and photos in publications.

Return to: AAPG Foundation, PO Box 979, Tulsa, OK 74101 or e-mail with photo to tcampbell@aapg.org