



APPLICATION for an ASSOCIATE MEMBER to change status to MEMBER  
**THE SOCIETY OF PETROLEUM EVALUATION ENGINEERS**

RETURN TO: \_\_\_\_\_

**SPEE**  
**20333 State Highway 249, Suite 200**  
**Houston, Texas 77070**  
**Phone: (832) 972-7733 (SPEE)**

\_\_\_\_\_  
**(Full name of ASSOCIATE MEMBER)**

\_\_\_\_\_  
**(Full name of SPONSOR (must be SPEE MEMBER))**

To the QUALIFICATIONS COMMITTEE CHAIRMAN of THE SOCIETY OF PETROLEUM EVALUATION ENGINEERS:

I hereby make application to change my membership status from ASSOCIATE MEMBER to MEMBER of SPEE. I affirm that I now have the experience required by Article III of the BY-LAWS to be a MEMBER. The SPONSOR named above has known me for at least one year since I first joined SPEE and is familiar with my ability and qualifications to become a MEMBER. I warrant that my entries on this page are true and correct and submit this application for your information and consideration.

**SIGNATURE OF ASSOCIATE MEMBER:** \_\_\_\_\_ Date \_\_\_\_\_  
(signature as usually written)

SUPPLEMENTAL RECORD OF EXPERIENCE (account for the time period since joining SPEE)

From MO/YR	To MO/YR	Company	Description of work including position or title

SUPPLEMENTAL EXPERIENCE IN EVALUATION OF OIL AND GAS PROPERTIES

Give a statement setting forth the additional experience you have had since joining SPEE. The space below may also be used to make any additional comments you believe are pertinent in making this application.

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

**Note to ASSOCIATE MEMBER: Change in status will be effective upon approval of your application by the QUALIFICATIONS COMMITTEE CHAIRMAN. You will be notified in writing when this occurs by the Administrative Secretary and a notice advising all members of your change in status will be included in the subsequent SPEE newsletter.**

**(Applicant is not to use the space below.)**

Date application form received by Administrative Secretary: \_\_\_\_\_

Date SPONSOR FORM sent: \_\_\_\_\_ Date SPONSOR FORM returned: \_\_\_\_\_

Date application and SPONSOR FORM sent to Qualifications Committee Chairman: \_\_\_\_\_  
APPROVED BY QUALIFICATIONS COMMITTEE CHAIRMAN: \_\_\_\_\_ Date: \_\_\_\_\_