

MEMBERSHIP APPLICATION FORM



COMPANY INFORMATION

Name of Company:

Postal Address:

Company Telephone No.:

Physical Address:

City:

Email Address:

Website Address:

DESCRIPTION OF COMPANY

Please provide a brief description of your company

TYPE OF COMPANY

Exploration and Production Company

Service Company

COMPANY REPRESENTATIVE

Name of Main Contact:

Address:

Phone:

E-mail:

Name of Alternate Contact:

Address:

Phone:

E-mail:

SIGNATURE

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of Applicant:

Date: