



2024 MOGA SUSTAINING MEMBERSHIP

SUSTAINING MEMBERSHIP: Any person, firm, association, co-partnership or corporation, or any authorized representative thereof, not owning or controlling oil or gas production or non-productive acreage in Michigan, and who or which comes within any of the several classifications set forth in the schedule in this subsection, shall be classified as Sustaining Members. Annual dues to the Association are in accordance with the following schedule:

SUSTAINING CATEGORIES

☐ **Check your categories as it applies:**

- ☐ 1. Utilities, Gas Storage & Pipeline Companies \$6,000.00
- ☐ 2. Mineral Well Operators, Refineries, Petrochemical Plants, Crude Purchase, Gas Brokerage, Marketing, and Transport Companies \$3,000.00
- ☐ 3. Service Companies – Cementing Companies, Coiled Tubing Contractors, Directional Drilling Companies, Drilling Mud Supply Companies, Drilling Contractor, Drilling Completion Contractor, Environmental Supply and Service Companies, Gas Compression/Processing Companies, Oil Field Trucking Companies, Pumping Services, Tank Truck Service Pumps and Pipeline Companies/Contractors, and Wireline Services
 - ☐ A. Under 1M in sales annually..... \$900.00
 - ☐ B. Over 1M in sales annually \$2,000.00
- ☐ 4. Supply Stores, Machine & Welding Companies..... \$800.00
- ☐ 5. Professional Membership - Engineer, Bank, Investment, Legal, Accounting, or any other company category not included \$500.00

Sustaining Member categories 1 through 4 include: • 2- Employee participants with MOGA at no additional cost.

*For each additional employee participant, \$100.00 will be added to your annual membership dues. • 1- Digital monthly Michigan Oil and Gas News Subscription. • Online access to the Michigan Petroleum Directory.

PRIMARY CONTACT DETAILS

Name of Applicant: _____

(Person, firm, association, co-partnership, or corporation.)

Primary Contact Name: _____ Title: _____

Primary Contact Email: _____

Alternate Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Work Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

☐ **Billing Contact is the same as Primary Contact.**

BILLING CONTACT DETAILS

Billing Contact Name: _____ Title: _____

Billing Contact Email: _____

Alternate Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Work Mailing Address: _____

City: _____ State: _____ Zip Code: _____

☐ **Advertising Contact is the same as Primary Contact.**

ADVERTISING CONTACT DETAILS

Advertising Contact Name: _____ Title: _____

Advertising Contact Email: _____

EMPLOYEE PARTICIPANTS

(Categories 1-4 included only)

1. Employee Participant Name: _____ Title: _____

Employee Participant Contact Email: _____

2. Employee Participant Name: _____ Title: _____

Employee Participant Contact Email: _____

3. Employee Participant Name: _____ Title: _____

Employee Participant Contact Email: _____

Additional (Add \$100)

MOGN DIGITAL SUBSCRIPTION

***NOTE- If you would like a print subscription or additional digital subscription see order form for add-ons.**

Contact Name: _____ Title: _____

Contact Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Work Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Submitted By: _____ **Date:** _____