



2024 MOGA ASSOCIATE MEMBERSHIP

ASSOCIATE MEMBERSHIP: Any trust, royalty owner, or person who is retired and no longer actively working in the oil and gas industry or any associated industry. Said membership shall pay annual dues to the Association of not less than \$100.00. Said membership shall have no vote nor be entitled to hold office

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: _____

Submitted By: _____ **Date:** _____