



## 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: \_\_\_\_\_