



TEXAS OIL & GAS ASSOCIATION | SINCE 1919

Membership Application

Please complete form, print, and mail along with check or credit card information for your Individual membership to TXOGA. Send application and remit check to: **TXOGA, 304 W. 13th Street, Austin, TX 78701, ATTN: Membership Department**

Basic Individual - \$100 per member (annual dues)

Includes subscriptions to TXOGA's newsletters and advisory bulletins, access to member benefit programs, and member rates to attend Association meetings and seminars.

Number of members _____
(*required)

*Name: _____

*Title: _____

*Company: _____

*Address: _____

*City/State/ZIP: _____

*Phone: _____

*E-Mail/URL: _____

Credit Card Type: American Express Discover MasterCard Visa Check Enclosed

Credit Card Number: _____ Exp. Date: ____/____ Security Code: _____

Name on Card: _____

Authorizing Signature: _____

Please tell us the nature of your business:

- | | | | |
|--------------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Producer | <input type="checkbox"/> Landman | <input type="checkbox"/> Transportation | <input type="checkbox"/> Law Firm |
| <input type="checkbox"/> Service | <input type="checkbox"/> Data Processing | <input type="checkbox"/> Drilling Geologist | <input type="checkbox"/> Pipeline |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Marketing | <input type="checkbox"/> Supply | <input type="checkbox"/> Refining |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Other | | |

To process your application, we need your Workers Comp Insurance Agency Information:

Agent's Name: _____ Agency Name: _____

Agency Address: _____ Agency City/State/ZIP: _____

Agency Phone Number: _____ Agent's E-Mail: _____