

To be eligible for the **TXOGA Workers' Compensation Safety Group** with Texas Mutual and/or the **TXOGA Association Health Plan** with Blue Cross and Blue Shield of Texas, a company must be a member of TXOGA at the Basic/General level (or higher). *New Basic/General members enjoy an introductory annual dues rate of \$100 for the first year, with \$150 dues billed annually thereafter.* Member benefits include subscriptions to TXOGA's newsletters and advisory bulletins, access to member benefit programs, and member rates to attend Association meetings and seminars. Note that TXOGA membership is for a calendar year and dues statements for the following year are sent each December.

For your convenience, companies may join the Texas Oil & Gas Association (TXOGA) at txoga.org/join. If applying online, please use promo code *newmember* to secure your discounted annual dues for the first year of membership. Otherwise, please complete this form and mail it to the below address along with check or credit card information.

Checks should be made out to: TXOGA, 304 West 13th Street, Austin, Texas 78701

MEMBERSHIP INFORMATION

**visit txoga.org/join to view all membership benefits*

Level: ☐ Basic/General ☐ Company ☐ Affiliate ☐ Formula
Dues: \$150 (\$100 first year) \$1,500 \$5,000 contact us

PERSONAL INFORMATION

Name:

Title:

Company:

COMPANY INFORMATION

Address:

City/State/Zip:

Email:

Phone: **Website:**

PAYMENT INFORMATION

**disregard if paying by check*

Card Type: ☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa

Name on Card:

Card Number:

Exp Date: / **Security Code:**

Authorizing Signature:

NATURE OF BUSINESS

**please select the option that best describes your company*

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

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

Agent's Name:

Agency Name:

Agency Address:

Agency City/State/Zip:

Agency Phone Number:

Agency Email: