

California Independent Petroleum Association California Natural Gas Producers Association



Membership Application

Company Name:		_
	Title:	_
Address:		_
City:	State: Zip:	-
Phone:	Fax:	_
	Website:	
Producer Member: First-time annua	es: Check the appropriate membership category below. dues are calculated based on annual production of oil and gas at \$0.18 per ba	
	as. New producer members should use their average bbls/mcf per day to estimate dues, list your estimated annual production:	ate
	BBL x \$0.18 = MCF x \$0.024 =	
	Total estimated dues:	
Minimum Dues = $$2,175$. Dues t	= \$7,200 and 85,000 mcf nat. gas x \$0.024 = \$2,040 ==> \$9,240 total dues) at calculate to more than \$200,000 per year may qualify for a special tiered an applete details and dues calculations.	dues
	Companies) Annual dues are based on the number of employees within the employees = \$48516-50 employees = \$70051+ employees = \$	3915
Royalty Owner Member: (For individual)	luals only; a company may not join under this category.) \$150 annual dues.	
Please che Your company will be listed under ear If no category is check Accountants Communication Services Drilling Contractor Services Exploration Services Insurance Services & Products Mineral Leasing Oilfield Transportation Services Refining & Wholesale Oil Marketing Well Data Services Please write a description of your company	lembers: List your company in our Buyers' Guide! ck the category that best describes your company. In category checked below in next year's Buyers' Guide in the member director, and project management. Lead your company will not appear in the Buyers' Guide section. Appraisals & Evaluations Cogeneration/Power Generation Computer Services & Products Environmental Services & Products Environmental Services & Products Landmen Legal Services Natural Gas Marketing Pipeline Gathering Systems Trading & Transportation Well Completion Supplies & Services My in the space provided below. Limit your description to 25 words or less. Intenance; construction; and project management.	acts
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☐ Enclosed check # ☐ Charge my credit card#:	Exp. Date:CVV:	
Transfer orginature.	O AAR 1177	