



Independent Oil and Gas Association of West Virginia, Inc.

405 Capitol Street, Suite 808
 Charleston, WV 25301
 (304) 344-9867 phone (304) 344-5836 fax

MEMBERSHIP APPLICATION

Membership Name: _____
 (Company or Individual)

Name of Individual Representing Company: _____
 (IOGA's contact person)

Mailing Address: _____
City: _____ **State:** _____ **ZIP:** _____

Physical Address: _____ **County:** _____
City: _____ **State:** _____ **ZIP:** _____

Telephone: **Ofc:** (____) _____ **Fax:** (____) _____

Website Address: _____ **E-mail Address:** _____

Circle appropriate membership classification (see attachment):

Producer / Operator	Gas/Oil Marketer	Allied	Professional	Associate	Royalty Owner
\$ 35 per WV well	\$ 2,500	< 50 employees \$ 500	\$ 500	\$ 250	\$ 150
\$ 15 per Marginal well		50 or > employees \$ 1,000			

Describe the nature of your company's operations (Producers please list number of wells):

Please provide the name of your parent company and/or list any and all subsidiary company(s) of which you are a full or partial owner: _____

Membership Directory Listings - Include name, business address, phone & fax numbers, & e-mail address for each person to be listed in the database/directory (additional listings \$60 each):

IOGA Membership recommended by: _____

Date: _____

Dues Enclosed: \$ _____