

## **MEMBERSHIP APPLICATION**

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 <a href="txoga.org/join">txoga.org/join</a>. 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. TXOGA [ATTN: Membership Department] 304 West 13th Street, Austin, Texas 78701

| MEMBERSHIP INFORMATION *visit txoga.org/join to view all membership benefits   | PAYMENT INFORMATION *disregard if paying by check                             |
|--|---|
| Level:   Basic/General   Company   Affiliate   Formula     Dues:   \$150 (\$100 first year)   \$1,500   \$5,000   contact us | Card Type: AMEX Discover MasterCard Visa                                      |
| PERSONAL INFORMATION   | Name on Card:   |
| Name:  | Card Number:  |
| Title:   | Exp Date: Security Code:  |
| Company:   | Authorizing Signature:  |
| COMPANY INFORMATION  | NATURE OF BUSINESS *please select the option that best describes your company |
| Address:   | Producer Landman Data Processing Law Firm                                     |
| City/State/Zip:  | Service Marketing Transportation Pipeline                                     |
| Email:   | ☐ Engineering ☐ Supply ☐ Drilling Geologist ☐ Refining                        |
| Phone: Website:  | Accounting Other  |
| To process your application, we need your Worker   | s' Compensation Insurance Agency Information:                                 |
| Agent's Name:  | Agency Name:  |
| Agency Address:  | Agency City/State/Zip:  |
| Agency Phone Number:   | Agency Email:   |

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