



INDEPENDENT PETROLEUM

ASSOCIATION OF NEW MEXICO

## MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Producer               | <input type="checkbox"/> Landman           | <input type="checkbox"/> Engineer   |
| <input type="checkbox"/> Working Interest Owner | <input type="checkbox"/> Oilfield Services | <input type="checkbox"/> Accountant |
| <input type="checkbox"/> Marketing              | <input type="checkbox"/> Environmental     | <input type="checkbox"/> Attorney   |
| <input type="checkbox"/> Geologist              | <input type="checkbox"/> Royalty Owner     | <input type="checkbox"/> Banker     |
| <input type="checkbox"/> Other _____            |  |                                     |

### MEMBERSHIP LEVELS

- |   |             |
|---|-------------|
| <input type="checkbox"/> Individual Membership  | \$ 500.00   |
| <input type="checkbox"/> Royalty Owner Membership   | \$ 35.00    |
| <input type="checkbox"/> Corporate Sponsor Membership: <i>All employees are considered IPANM members and are eligible to receive all member benefits.</i> | \$ 5,000.00 |

### PAYMENT METHOD

- Check Enclosed (payable to IPANM)

Mail to IPANM, P.O. Box 1836, Roswell, NM 88202

- Credit Card

Type:  Visa  MasterCard  Discover  American Express

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name, exactly as it appears on the card: \_\_\_\_\_

**WE APPRECIATE YOUR SUPPORT OF THE ASSOCIATION**