



# MEMBERSHIP APPLICATION

The Voice of the Permian Basin since 1961

## PRESIDENT'S CIRCLE (by production)

More than 25 MMBOE/year - \$75,000

*Same benefits package as Permian Vanguard*

## PERMIAN VANGUARD (by production)

More than 10 MMBOE/year - \$50,000

More than 2 MMBOE/year - \$25,000

More than 1 MMBOE/year - \$10,000

*Same benefits package as Black Gold, plus:*

- Exclusive input into legislative and regulatory policy decisions
- Opportunity to participate in policy making decisions and lobbying efforts
- Minutes from all board meetings and actions

## BLACK GOLD - \$5,000

*Same benefits package as Wildcat, plus:*

- Membership entitlements, including voting rights, for a maximum of 10 company representatives
- Access to policymakers and invitations to private VIP policymaker receptions
- Special recognition at PBPA events and in official PBPA publications
- E-updates on all PBPA committee activities

## WILDCAT - \$2,500

*Same benefits package as Gusher, plus:*

- Membership entitlements, including voting rights, for a maximum of four company representatives
- Board member eligibility
- Eligible to serve on PBPA committees

## GUSHER - \$1,000

*Same benefits package as Individual, plus:*

- Membership entitlements, including voting rights, for a maximum of two company representatives
- Legislative and regulatory updates
- Access to member-only website features, including membership directory

## Individual - \$350

- Membership entitlements, including voting rights, for a maximum of one person
- Subscription to Permian Basin Oil & Gas magazine and American Oil & Gas Reporter
- E-updates on association and industry news
- Business networking opportunities with leading industry decision makers



**Please Select Membership:**  President's Circle  Permian Vanguard  Black Gold  Wildcat  Gusher  Individual Company \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone/ Fax \_\_\_\_\_

*To add additional company representatives to the membership, please contact our office.*

### Payment Method:

\_\_\_\_ Check enclosed \_\_\_\_ Please bill me  Visa  MasterCard  AMEX Credit Card #: \_\_\_\_\_

Name of card holder: \_\_\_\_\_ Exp. date: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Please return form with dues to:

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