

SHREVEPORT PETROLEUM DATA ASSOCIATION, INC.

333 TEXAS STREET, SUITE 900
SHREVEPORT, LOUISIANA 71101-3678
318-429-2237 FAX 318-429-2441

MEMBERSHIP APPLICATION

MEMBER NAME: _____

ADDRESS: _____

TYPE OF MEMBERSHIP: INDIVIDUAL or CORPORATE

COMPANY AFFILIATION *(If applying for Individual membership)*:

USER(S) NAME(S): _____

USER(S) EMAIL(S): _____

USER MAILING ADDRESS: _____

USER CELL PHONE: () _____

BUSINESS PHONE: () _____ FAX: () _____

UNIVERSITY, DEGREE, MAJOR: _____

PROFESSIONAL AFFILIATIONS: _____

EXPERIENCE: _____

CORPORATE DESIGNATE NAME: *(If applying for Corporate membership)* _____

(If Corporate, the Designate is the person who will represent the Corporate Membership and be responsible for resolving any issues that may occur concerning the SPDA membership).

CORPORATE BILLING ADDRESS: _____

CORPORATE DESIGNATE EMAIL: _____

CORPORATE DESIGNATE PHONE: () _____

DID A MEMBER REFER YOU? NAME OF MEMBER: _____

APPLICATION DATE: _____

START DATE: _____