



2020 MEMBERSHIP APPLICATION

NAME: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE #: _____ CELL #: _____

E-MAIL: _____

EMPLOYED BY: _____

POSITION: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

WIFE'S NAME: _____ OILWIVES MEMBER: YES _____ NO _____

MEMBERSHIP APPLIED FOR

_____ Event (\$ 60.00)

_____ Associate (\$60.00)

Includes Curling Bonspiel, Men's Golf Tournament and December 2019 AGM Supper

(Non-Oilmen Members pay \$25.00 fee per event to attend)

I hereby declare that I am directly engaged, employed and currently active in the oil and gas industry as described in the By-Laws of the Medicine Hat Oilmen's Association.

Signed: _____ Date: _____

**** All correspondence will be sent to the email address indicated****

For Office Use Only

Payment Received: _____ Cash _____ Cheque # _____ C/C _____

Application Approved: _____ Rejected: _____