

P.O. Box 1021
Medicine Hat, Alberta
T1A 7H1



MEDICINE HAT
OILMEN'S
ASSOCIATION

2021/22 MEMBERSHIP APPLICATION

NAME: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE #: _____ CELL #: _____

E-MAIL: _____

EMPLOYED BY: _____

POSITION: _____

MEMBERSHIP APPLIED FOR

_____ Event (\$ 60.00) _____ Associate (\$60.00)

Includes Curling Bonspiel, Men's Golf Tournament and December 2021 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: _____

For Office Use Only

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