SGA Natural Gas Association

APPLICATION FOR ASSOCIATE MEMBERSHIP

Submit by Email

Company Name

Address

City, State Zip

Phone

Fax

Email

Accredited Representative Name and Title

Payment: $2,500 annually + 3% process fee

Credit Card:

☐ American Express ☐ MasterCard ☐ Visa

Card Number

Name on Card

EXP: **CCV**

☐ **Regular Membership ($2,500)** *(01/01 - 12/31)*

☐ **I would like to learn more about SGA training subscriptions, All-Access and/or Campus.**

In what ways would your company like to engage with SGA to maximize mutual value and impact?

Please check categories that apply to your company:

___ Gas appliances
___ Coatings/cathodic protection
___ Communications/controls/SCADA
___ Compressor/prime movers/components
___ Computers/software/IT
___ Construction equipment/services
___ Customer service/call centers
___ Engineering services/consultants
___ Environmental
___ Financial/management consulting
___ Instruments
___ Meters/measurement
___ Offshore Services
___ Pipe/fittings
___ Safety/Health products
___ Training/ HR/Professional development
___ Valves/equipment
___ Other – please describe