COPAS OF DALLAS
2011-2012 MEMBERSHIP APPLICATION

Renewal ☐ New ☐

Applicant Name: _____
First Last

Occupation/Title: _____

Company Name: _____

Company Address: _____

City/State/Zip: _____

Work Phone: _____ Fax: _____

Email: _____

Spouse's Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Are you an APA? ☐ Yes ☐ No

2011-2012 Dues are $200
Mail to: COPAS of Dallas
PO Box 600367
Dallas, TX 75360-0367

If applying for membership for the first time, please include a letter of recommendation from a current COPAS member. All renewing members and applicants please include payment by check with your completed application.

Please do not send check and application separately

COMMITTEE INTEREST

Audit: _____	Education _____	Financial Reporting _____
Joint Interest _____	Revenue _____	Small Oil & Gas _____
Tax _____	Newsletter _____	Information Technology _____