

Recommendation for Membership in the Society of Gas Operators



Name:

Title:

Company:

Company
Address:

Telephone:

E-mail Address:

Number of Prior SOGO Meetings Attended:

Biographical Sketch:

Business & Gas Industry Experience: (To be eligible as a member of the Society, the Candidate must be one whose connection with the Gas Industry qualifies him/her to aid in its advancement).

Sponsored By:		Company:		Date:	
Co-Sponsor:		Company:		Date:	
Supervisor Approval		Title:		Date:	

NOTE: Supporting data is not required. If a supporting attachment is provided, it must be limited to one page.