EMAIL PRINT

American Gas Association
400 North Capitol Street, NW
Washington, DC 20001

Telephone: (202) 824-7000

MEMBERSHIP DUES ESTIMATE APPLICATION for COMPANY MEMBERSHIP

The undersigned, on behalf of this company, submits this membership dues estimate request/application for ☐ full membership ☐ limited membership in the American Gas Association and agrees, if elected, to comply with the requirements of AGA's Bylaws.

2021 membership dues are based on the average of 2017, 2018 and 2019 natural gas operating income. Please provide this information for dues calculation purposes.

*Operating Income: 2017: _____ 2018: _____ 2019: _____

Membership application will be submitted to the Board of Directors for approval only upon agreement with membership dues and at the direction of the applicant.

Company: _____

a subsidiary of (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website: _____

President: _____

Chairman of the Board: _____

Chief Executive Officer: _____

The following person is designated as the official company delegate with respect to AGA activities:

Delegate's Name: _____

Title: _____

Direct Phone: _____

Email Address: _____

Submitted by: _____