



THE PETROLEUM CLUB OF SHREVEPORT

MEMBERSHIP APPLICATION

Please complete and fax back to 318-425-1431 or mail to:
Petroleum Club of Shreveport, 416 Travis St. #1500, Shreveport, LA 71101

I accept my invitation to membership and provide the following for the Club's use in establishing my membership account at the Petroleum Club.

Mr. Mrs. Ms. Miss Dr.

Name: _____ DOB _____

Home Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell: _____

Marital Status: Single Married Other

Social Security #: _____

Driver's License #: _____ State _____

Company Name: _____

Type of Business: _____ Title: _____

Length of Employment: _____ (years)

Business Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Fax: _____

E-Mail Address: _____

SPOUSE INFORMATION

Spouse's Name: _____ DOB _____

Social Security #: _____

Driver's License #: _____

Company Name: _____

Title: _____

Anniversary Date: _____

DEPENDENTS INFORMATION

NAME'S (Under 21)

DOB

_____	_____
_____	_____
_____	_____
_____	_____

REFERENCES

My Member Sponsor is: _____

Co-Sponsor: _____

Other Personal References:

Business Phone

_____	_____
_____	_____

MEMBERSHIP INFORMATION

I am applying for Membership in the following category:

Resident Non-Resident Young Professional

Associate Memorial Honorary

Initiation Fee: \$ _____ Monthly Dues: \$ _____

Please mail monthly statement to: Home Business

Apply my charges to my credit card at the end of each month. Yes No

Credit Card #: _____

Exp date: _____

Approved by Membership Chairman:

Yes/No: _____ Date: _____

I authorize the Petroleum Club to check my credit and employment history and to obtain such information as the club deems necessary to extend credit to me under the membership account at the Petroleum Club.

Signature

Date