

Society of Professional Women in Petroleum Membership Application



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

HOME ADDRESS:

CITY, STATE, ZIP:

EMAIL ADDRESS:

DATE OF BIRTH:

MOBILE PHONE:



WORK INFORMATION

COMPANY NAME:

WORK ADDRESS:

CITY, STATE, ZIP:

JOB TITLE:

JOB FUNCTION:

WORK EMAIL ADDRESS:

PROFESSIONAL GOALS:

PROFESSIONAL HISTORY:

SPECIAL BUSINESS INTERESTS:

EMAIL PREFERENCE:

HOME

WORK

MEMBERSHIP REQUIREMENTS

SPONSOR NAME:

SPONSOR WORK PHONE:

HAVE YOU ATTENDED 3 OF 4
CONSECUTIVE MEETINGS? YES
NO

HAVE YOU READ THE BYLAWS
AND DO YOU AGREE TO ADHERE
TO THEM? YES
NO

WHICH COMMITTEES WOULD
YOU LIKE TO PARTICIPATE IN? SCHOLARSHIP
CASINO NIGHT
GOLF TOURNAMENT

Thank you for your interest! When you have finished filling out this form, please save it to your desktop and e-mail it to Jacqueline.Camacho@nov.com.