



Membership Application

send to: deanaluebbert@petroleumclub.com
Fax: 318-425-1431

THE PETROLEUM CLUB OF SHREVEPORT

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 _____

Anniversary Date _____

Email Address _____

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/\$140 mo. dues/\$300 Initiation
- Non-Resident/\$75 mo. dues/\$200 Initiation
- Young Professional/\$75 mo. dues/\$100 Initiation
- Jr. Young Professional/\$30 mo. dues/\$50 Initiation

Please mail monthly statement to: Home Business

Approved by Membership Chairman _____ Yes/No _____ date _____

I authorize the Petroleum Club to check my 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 _____