

Coalbed Methane Association of Alabama
3829 Lorna Road, Suite 306
Birmingham, Alabama 35244
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APPLICATION FOR MEMBERSHIP

DATE: _____

Membership Classification:

_____ Full Member/Producer (Annual Dues \$1,000)

_____ Associate Member/Non-Producer (Annual Dues \$450)

_____ PAYMENT ENCLOSED
_____ INVOICE COMPANY

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

DESCRIPTION OF BUSINESS: _____

DESIGNATED COMPANY REPRESENTATIVE

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

ALTERNATE COMPANY REPRESENTATIVE

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____