



2025 MOGA MEMBERSHIP PAYMENT FORM

Below are the convenient ways to submit your membership payment form:

Online: go to www.michiganoilandgas.org and click the "Renew Membership" tab at the top of the page, then select the 2025 dues payment form. Next, either e-mail or postal mail the completed payment form.

E-mail: 2025 payment form to arostkowycz@michiganoilandgas.org

Postal Mail: 2025 dues payment form to: **Michigan Oil and Gas Association- 124 W. Allegan St., Ste. 1610, Lansing, MI 48933**

For questions contact: Amy Rostkowycz, Membership & Events Coordinator at (517) 580-5505 ext. 104 or email arostkowycz@michiganoilandgas.org

Membership Dues Amount: \$ _____

MOGN Subscription Amount: \$ _____

*(if not included in your membership category, **OR** you would like an additional subscription not included on your invoice)*

MOGN Subscription Options:

Hybrid

(Receive publications in both print and digital formats where applicable)

<input type="checkbox"/>	Hybrid Weekly Subscription (print and digital)	\$300
<input type="checkbox"/>	Hybrid Monthly Subscription (print and digital)	\$150

Weekly Subscription

(Receives 50 publications a year)

<input type="checkbox"/>	Digital	\$200
<input type="checkbox"/>	Print	\$200

Monthly Subscription

(Receives 12 publications a year)

<input type="checkbox"/>	Digital	\$100
<input type="checkbox"/>	Print	\$100

I would like to be contacted about MOGN Advertising Opportunities.

Subscriber Name: _____ Title: _____

Contact Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Additional Employee Participants NOT included with membership (\$100 each) Amount: \$ _____

1. Employee Participant Name: _____ Title: _____

Employee Participant Contact Email: _____

2. Employee Participant Name: _____ Title: _____

Employee Participant Contact Email: _____

Payment Form Total: \$ _____

(Please Turn Over)

Please Indicate Preferred Payment Form

Postal Mail Invoice

E-mailed Invoice

OR

CREDIT CARD INFORMATION

Customer Name: _____ Company: _____

Name on Credit Card: _____

Email: _____

Credit Card Orders: MC VISA American Express: _____