MEMBER REGISTRATION FORM

"Company Information" and "Corporation Information" are requested. This is intended to allow many companies or separate subsidiaries to participate in the same programs and pay as one Member Corporation. In the case of smaller corporations, the company and corporation information may be the same. In the case of multiple companies under one corporation, please provide information for each company (complete a separate first page for each company).

Program participation is structured by company. Individual company names will be listed in the documentation for each program. Companies will also be listed on the web site as separate entities. Company names should correspond to the names shown on company pipeline markers or the identity represented to the public in NPMS. Corporation information is used for billing purposes only.

COMPANY INFORMATION(For display on the web site and in printed materials)

Company Name:	
Emergency Phone:	
Non Emergency Ph:	
Company Website:	
Information Contact:	
Mailing Address:	
City, ST, ZIP:	
Office Phone:	
Email Address:	
Facilities / Products:	
States and Counties: (if needed, attach separate list)	
Total Number of States:	Total Number of Counties:

MEMBER REGISTRATION FORM

CORPORATION INFORMATION

(For invoicing only)

Corporation Name:		
Contact Person:		
Mailing Address:		
City, ST, ZIP:		
Office Phone:		
Mobile Phone:		
Email Address:		
Member Category (please in Gas Distribution, □	dicate only one primary category.	ory): Gas Transmission
Hazardous Liquids, ☐	Production,	Storage and Other Facilities.
Interested in the following p	orograms:	
		<u>opipelineawareness.info</u> or fax it to we will contact you and confirm
your registration.	corpt of the completed form,	, we will contact you and commin

Thank you for participating in the Pipeline Association for Public Awareness.