

MEMBERSHIP APPLICATION

COMPANY INFORMATION

Name of Company: _____

Please provide a general description of your company: _____

MEMBER COMPANY EXPECTATIONS

Member companies of the Center for Offshore Safety will be expected to comply with the Center for Offshore Safety Membership Agreement to be considered in good standing.

TIER CATEGORY (Please select one)	DEFINITION	ANNUAL FEE	SEMS PROGRAM REQUIRED?
<input type="checkbox"/> 1A Owners, Operators or Lease Holder of Record – Integrated and Large Independent Companies	Companies that operate a facility in or are a full or partial owner of a leased area in the U.S. OCS and are classified as integrated or large oil and natural gas companies	\$250,000	Yes
<input type="checkbox"/> 1B Owners, Operators or Lease Holder of Record – Medium and Small Independent Companies	Companies that operate a facility in or are a full or partial owner of a leased area in the U.S. OCS and are classified as medium or small oil and natural gas companies ¹	\$100,000	Yes
<input type="checkbox"/> 2 Drilling Contractors	Companies that own a rig and contract their services for drilling, completing or servicing wells in the U.S. OCS	\$150,000	Yes
<input type="checkbox"/> 3 Primary Service and/or Equipment Providers	Companies that provide multiple service lines and/or equipment lines for well or production operations in the U.S. OCS	\$75,000	Yes
<input type="checkbox"/> 4 Secondary Service and/or Equipment Providers	Companies that provide a single service line and/or equipment line for well or production operations in the U.S. OCS	\$20,000	Service and/or Equipment Line Dependent
<input type="checkbox"/> 5 Affiliates	Trade associations, non-profit organizations and academia that are involved in the offshore oil and natural gas industry	\$5,000 or Reciprocal	No

¹ For COS Membership purposes, Independents with less than 3 million barrels oil equivalents of annual production or less than 2 million acres of U.S. Offshore leases may be classified as Medium or Small Independents.

MEMBERSHIP APPLICATION

KEY CONTACTS

CONTACT 1

Name: _____

Title: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

CONTACT 2

Name: _____

Title: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

CONTACT 3

Name: _____

Title: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____