

RECOMMENDATION FOR MEMBERSHIP IN THE
SOCIETY OF GAS OPERATORS



SOCIETY OF GAS OPERATORS

Name: _____

Title: _____

Company: _____

Company Address: _____

Telephone: _____

E-mail Address: _____

Number of Prior SOGO Meetings Attended: _____

Biographical Sketch:

Business & Gas Industry Experience: (To be eligible as a member of the Society, the Candidate must be one whose connection with the Gas Industry qualifies him/her to aid in its advancements)

Supervising Manager: _____ Company: _____ Date: _____

Sponsored By: _____ Company: _____ Date: _____

Co-Sponsor: _____ Company: _____ Date: _____

NOTE: Supporting data is not required. If a supporting attachment is required, it must be limited to one page.