

# OOO MEMBERSHIP APPLICATION

Company Name

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Company Mailing Address

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Representative

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Telephone Number:

Fax Number:

E-MAIL Address:

Alternate Representative

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Telephone Number:

Fax Number:

E-MAIL Address:

Please complete the above information and return this form and the dues check to:

**Paul Landry, Secretary/Treasurer  
OFFSHORE OPERATORS COMMITTEE  
One Lakeway Building  
3900 North Causeway Blvd., Suite 700  
Metairie, Louisiana 70002**

*(OOO MEMBERSHIP APPLICATION 2008)*