



International Association
of Drilling Contractors

Well Servicing Membership Application

Available to companies who own and operate well servicing equipment.

Please complete this application and return to IADC:

Email: membership@iadc.org

Fax: 713.292.1946

Mail: 3657 Briarpark Dr., Suite 200
Houston, TX 77042 USA

Once processed and approved, IADC membership will be valid through 31 December of the current calendar year.

Company Information

Headquarter Contact Information

Company Name:

Mailing Address:

Address

City

State/Province (if applicable)

Country

Zip/Postal Code

Physical Address:

Address

City

State/Province (if applicable)

Country

Zip/Postal Code

Company Email: Website:

Telephone: Fax:

Primary Contact:

Name

Title

Email

Phone

Secondary Contact:

Name

Title

Email

Phone

Additional Headquarter Contacts:

Name

Title

Email

Professional Code*

***Professional codes:**

(1) Drilling Engineer

(2) Completion Engineer

(3) Drilling & Completion Engineer

(4) Drilling/Completion Operations

(5) Geologist/Geophysicist

(6) Quality, Health, Safety & Environment

(7) Training/Education

(8) Management

(9) Company Owner/Corporate Officer

Company Type

Land Well Servicing Contractor

Offshore Well Servicing Contractor

Land/Offshore Well Servicing Contractor

Other

Annual Dues

Dues based on number and type of rigs owned and operated. Well Servicing members must own and operate only well servicing equipment.

Rig Types Owned/Managed	# of Rigs	Cost per Rig	Total Dues (US Dollars)	Operating Areas or Regions* (States, Countries, or Markets)
Example: My rig type	2	X \$100 =	200	Texas, Brazil, Canada

Land Rigs				
Workover	<input type="text"/>	\$100	\$	<input type="text"/>
Coiled Tubing	<input type="text"/>	X \$100 =	\$	<input type="text"/>
Coiled Tubing Workover	<input type="text"/>	\$100	\$	<input type="text"/>

Platform	<input type="text"/>	\$400	\$	<input type="text"/>
Workover	<input type="text"/>	\$300	\$	<input type="text"/>
Platform Workover	<input type="text"/>	X \$300 =	\$	<input type="text"/>
Offshore Jackup Accommodation	<input type="text"/>	\$300	\$	<input type="text"/>

Inland Barges				
Workover	<input type="text"/>	\$350	\$	<input type="text"/>
Coiled Tubing	<input type="text"/>	X \$100 =	\$	<input type="text"/>

Total Annual Membership Dues = \$ _____

NOTE: Minimum dues \$800, Maximum dues \$50,000

Membership Directory Information

Headquarter information will automatically appear in the Membership Directory. Please provide details below for additional office locations you wish to be listed included. (Use extra paper as needed.)

Office Name: <input type="text"/>			
Address <input type="text"/>		City <input type="text"/>	
State/Province (if applicable) <input type="text"/>	Country <input type="text"/>	Zip <input type="text"/>	
Telephone <input type="text"/>		Company Email <input type="text"/>	
Key Personnel:			
Name <input type="text"/>	Title <input type="text"/>	Email <input type="text"/>	Professional Code* <input type="text"/>
<input type="text"/>			
<input type="text"/>			
<hr/>			
Office Name: <input type="text"/>			
Address <input type="text"/>		City <input type="text"/>	
State/Province (if applicable) <input type="text"/>	Country <input type="text"/>	Zip <input type="text"/>	
Telephone <input type="text"/>		Company Email <input type="text"/>	
Key Personnel:			
Name <input type="text"/>	Title <input type="text"/>	Email <input type="text"/>	Professional Code* <input type="text"/>
<input type="text"/>			
<input type="text"/>			
<hr/>			
Office Name: <input type="text"/>			
Address <input type="text"/>		City <input type="text"/>	
State/Province (if applicable) <input type="text"/>	Country <input type="text"/>	Zip <input type="text"/>	
Telephone <input type="text"/>		Company Email <input type="text"/>	
Key Personnel:			
Name <input type="text"/>	Title <input type="text"/>	Email <input type="text"/>	Professional Code* <input type="text"/>
<input type="text"/>			
<input type="text"/>			

***Professional codes:**

- | | | |
|------------------------------------|---|-------------------------------------|
| (1) Drilling Engineer | (4) Drilling/Completion Operations | (7) Training/Education |
| (2) Completion Engineer | (5) Geologist/Geophysicist | (8) Management |
| (3) Drilling & Completion Engineer | (6) Quality, Health, Safety & Environment | (9) Company Owner/Corporate Officer |

Payment Information

Payment Method

Check or Money Order: Mail payment with this form.
10370 Richmond Ave., Suite 760
Houston, TX 77042

Credit Card: Mail to above address, fax to IADC Membership Department at +1.713.292.1946, scan and email to membership@iadc.org, or call +1.713.292.1945.

Credit Card Type:

- American Express
 MasterCard
 Visa

Credit Card Number:

Expiration Date:

Security Code:

Cardholder Name:

Signature:

Wire Transfer: A processing fee of US \$20 must be included for all wire transfer payments. Please provide the following information to your financial institution:

Bank Address:

Capital One, N.A

5444 Westheimer, Ste 600

Houston, TX 77056

Account Name: International Association of
Drilling Contractors

Account Number: 3822684415

ACH ABA: 113024915

Wire ABA: 111901014

International Swift: HIBKUSH1

Important Note: Please reference "Membership Dues" and your company name on wire transfer.

Thank you for joining: Our Membership department will contact you once your application has been processed.

Make the most of IADC membership: In addition to benefits at the company level, there are also many ways for employees of member companies to get involved, such as submitting abstracts for **conferences**, joining a **committee**, or attending a local **chapter** meeting.

Individuals may contact our Membership Department (membership@iadc.org) to learn more about how to get involved, or visit www.iadc.org for more information on IADC programs, committees, and initiatives.