

Name _____
 Employer _____
 Primary Contact _____
 Office Address _____

 City _____ State/Prov _____ Zip _____ Country _____
 Phone (_____) _____ Date _____ Email _____
 First Year in Practice in the Legal or Natural Resources Field (for students, year you will graduate) _____

Membership benefits are effective January 1, 2024 – December 31, 2024

CATEGORY		PAYMENT INFORMATION
Individual Membership Individual <input type="checkbox"/> \$495 New Professional (First 4 years of Practice) <input type="checkbox"/> \$150 Individual Gov/Nonprofit* <input type="checkbox"/> \$400 Student (full-time law school)** <input type="checkbox"/> Free Senior (fully retired) <input type="checkbox"/> \$130 Latin American (new members only)*** <input type="checkbox"/> \$100 Organizational Membership Participating Membership (1-3 persons) <input type="checkbox"/> \$995 Supporting Membership (4-9 persons) <input type="checkbox"/> \$1,995 Contributing Membership (10-15 persons) <input type="checkbox"/> \$2,995 Unlimited Membership (16+ persons) <input type="checkbox"/> \$4,495 Sustaining Membership (Entire firm) <input type="checkbox"/> \$6,500 Nonprofit* Organization (Entire staff) <input type="checkbox"/> \$495 Law School (Entire faculty) <input type="checkbox"/> \$495 * IRS Tax-Exempt Status ** Full-time, proof of status required ***New members that reside in Mexico, Central America, and South America		<input type="checkbox"/> Check drawn on a U.S. bank (payable to the Foundation in U.S. dollars) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Credit Card _____ CVV # _____ Exp. Date _____ Name on Card _____ Signature _____ <input type="checkbox"/> Electronic Funds Transfer: Contact the Foundation at info@fnrel.org

Please print below all individuals who should be on the Membership, including their email addresses and their business mailing addresses if different from your primary location. Attach additional sheet(s) if necessary.

<u>Name</u>	<u>Email</u>
(Add business address if different from your primary location)	
_____	_____
_____	_____
_____	_____
_____	_____

SEND TO

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