



THE INTERNATIONAL ASSOCIATION OF FOUNDATION DRILLING

Membership Contact Information Sheet

Please complete the information below so we can ensure the correct members of your team receive communication regarding membership, events, sponsorships, marketing opportunities, and billing.

Company Information

Company Name: _____ Website: _____

Primary Address: _____ City: _____ State: _____ Country: _____ Zip: _____

Does your company have additional branch locations?

Yes

No

If yes, please list additional locations (city/state or full address if preferred):

Primary Company Contact

(Primary contact for general ADSC membership communication and who typically attends ADSC events)

Name: _____
Title: _____
Email: _____
Phone: _____

Marketing / Advertising Contact

Name: _____
Title: _____
Email: _____
Phone: _____

Accounting / Billing Contact

Name: _____
Title: _____
Email: _____
Phone: _____

Meetings / Events Contact

Name: _____
Title: _____
Email: _____
Phone: _____

Additional Team Members Who Should Receive ADSC Communications

(Examples: Executives, Technical Staff, HR, Training Coordinators, etc.)

Name: _____
Region: _____
Title: _____
Email: _____
Phone: _____

Name: _____
Region: _____
Title: _____
Email: _____
Phone: _____

Name: _____
Region: _____
Title: _____
Email: _____
Phone: _____

Name: _____
Region: _____
Title: _____
Email: _____
Phone: _____