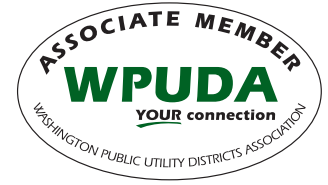


# WASHINGTON PUBLIC UTILITY DISTRICTS ASSOCIATION

## Associate Membership Application Form



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### PRIMARY MEMBER INFORMATION

Primary member name: \_\_\_\_\_

Title: \_\_\_\_\_ (to be listed in directory)

Company name: \_\_\_\_\_

Company street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company billing address: \_\_\_\_\_

(if different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web site URL: \_\_\_\_\_

Administrative Contact/Phone (if applicable)

\_\_\_\_\_ / \_\_\_\_\_

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### COMPANY INFORMATION

Description of company: (services provided, areas of expertise, clients, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Category of business:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Architects          | <input type="checkbox"/> Energy Distribution Production        | <input type="checkbox"/> Insurance                 |
| <input type="checkbox"/> Attorneys           | <input type="checkbox"/> Investment Banking/ Bond Underwriting | <input type="checkbox"/> Power Management Services |
| <input type="checkbox"/> Business Consulting | <input type="checkbox"/> Engineering Services                  |  |
| <input type="checkbox"/> Communications      | <input type="checkbox"/> Financial Advisors                    |  |
| <input type="checkbox"/> Other: _____        |  |  |

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### STATEMENT OF SUPPORT FOR PUBLIC POWER AND WATER

I understand that in order to be eligible to participate as an Associate Member of WPUDA, an official of my organization must sign the following statement of support for public power and water.

This organization supports the rights of communities to establish and operate local, consumer-owner public power utilities, and recognizes the significant and positive role public power plays in the electric utility industry today and will play in the future.

Printed Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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**BRANCH OFFICE INFORMATION**

The information listed below is for inclusion in the directory and is in addition to the primary member address noted on the front of this form. One branch office and three additional contacts may be added.

(1) Branch office address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

(2) Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail \_\_\_\_\_

(to be listed in Directory)

(3) Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail \_\_\_\_\_

(to be listed in Directory)

(4) Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail \_\_\_\_\_

(to be listed in Directory)

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**DUES LEVEL**

Dues for annual associate memberships are assessed on four levels: Please check the appropriate box.

**Level I:** Individuals, public agencies and small firms with 10 or fewer employees: \$250

**Level II:** Firms with 11 to 100 employees (total company, not branches): \$600

**Level III:** Firms with 101 to 500 employees (total company, not branches): \$900

**Level IV:** Firms with 501 or more employees (total company, not branches): \$1200

WPUDA dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.

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**Payment Method:**

Check Enclosed (payable to the Washington PUD Association)

Please charge my credit card (please check credit card type)       VISA       MasterCard

Card No. \_\_\_\_\_ exp. \_\_\_\_\_

Name on card: \_\_\_\_\_

**If paying by check, please mail completed form, with payment, to the address listed below.**

**If paying by credit card, application may be emailed, faxed or mailed to the address listed below.**

Director of Member Services & Administration

Phone: 360-741-2678

Washington PUD Association

FAX: 360-741-2686

212 Union Avenue SE, Suite 201

Olympia, WA 98501

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**LOGOS**

I will e-mail an electronic (.tiff or .jpg) version of our logo to [contactus@wpuda.org](mailto:contactus@wpuda.org) for listing on the WPUDA Web site.

I wish to receive an electronic version of the WPUDA's associate member logo for use on our company's marketing materials.

Please send to the following e-mail address: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_