

**WASHINGTON PUBLIC UTILITY
DISTRICTS ASSOCIATION**
Associate Membership Application Form

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)
_____/_____

COMPANY INFORMATION

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

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

Other: _____

Number of employees in your company: _____ Number of employees at the main office: _____
(Number of employees must be filled in to determine dues level.)

STATEMENT OF SUPPORT FOR PUBLIC POWER AND WATER

I understand that in order to be eligible to participate as an Associate Member of WPUA, 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)

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.

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: _____

Please return via mail or fax to: Director of Member Services & Administration Phone: 360-741-2678
 Washington PUD Association FAX: 360-741-2686
 212 Union Avenue SE, 2nd Floor
 Olympia, WA 98501

LOGOS

- I will e-mail an electronic (.tiff or .jpg) version of our logo to dboyer@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:

FOR OFFICE USE ONLY

Approved: _____ Date: _____