

WASHINGTON PUBLIC UTILITY DISTRICTS ASSOCIATION

Associate Membership Application Form



PRIMARY MEMBER INFORMATION

Primary member name: _____

Title: _____

Company name: _____

Company street address: _____

City: _____ State: _____ Zip: _____

Company billing address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website address: _____

Administrative contact/phone _____ / _____

COMPANY INFORMATION

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

Category of business:

- | | | |
|----------------------------------------------|---------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Architect | <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 |
| <input type="checkbox"/> Business Consulting | <input type="checkbox"/> Engineering Services | |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Financial Services | |

Other: _____

Statement of support for public utility districts

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 utility districts.

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

Printed name: _____ Signature _____ Date: _____

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: _____
Email: _____
2. Contact name: _____
Title (to be listed in directory): _____ Email: _____
3. Contact name: _____
Title (to be listed in directory): _____ Email: _____
4. Contact name: _____
Title (to be listed in directory): _____ Email: _____

Dues level

Dues for annual Associate memberships are assessed at two levels. Please check the appropriate level.

_____ Level I: Individuals, public agencies and small firms with 15 or fewer employees: \$300

_____ Level II: Firms with more than 15 employees (total company, not branches): \$650

Payment Method

_____ Check enclosed (payable to the Washington PUD Association)

_____ Credit card Circle type of card: Visa MasterCard

Card No. _____ Expiration date _____

Name on card _____ CVU# _____

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.

Director of Member Services & Education

Phone: 360-741-2675

Washington PUD Association

Fax: 360-741-2686

212 Union Avenue SE, Suite 201

Email: lmendiola@wpuda.org

Olympia, WA 98501

Logos

Please email an electronic (.tiff or .jpg) version of your logo to lmendiola@wpuda.org for listing on the WPUDA website. Please indicate by checking here _____ if you would like to receive an electronic version of the WPUDA Associate Members logo for use on your company's marketing materials.

Email address you would like WPUDA to send the Associate Member logo: _____

For Office Use Only

Approved: _____ Date: _____