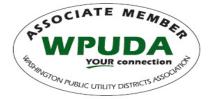
WASHINGTON PUBLIC UTILITY DISTRICTS ASSOCIATION



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:

	Architect	 Energy Distribution Production	 Insurance
	Attorneys	 Investment Banking/Bond Underwriting	 Power Management
	Business Consulting	 Engineering Services	
	Communications	 Financial Services	
Ot	ther:		

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.	ranch office address:			
	City:	_ State:	Zip:	
	Email:			
2.				
	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					

Logos

Please email an electronic (.tiff or .jpg) version of your logo to <u>lmendiola@wpuda.org</u> 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

Olympia, WA 98501

Approved:_____