

Associate Membership Application

Company Name

Primary Contact

Title

Mailing Address

City/State/Zip

Phone/Fax

E-mail

Homepage Address:

http://www._____ May we link to your site? Yes No

Company Description

I am applying, on behalf of the company (or Division) listed above, to become an EEL Associate Member. (Please complete the following four items.)

1) The company's (or Division's) annual revenues are (check one):

Annual Associate Dues

- | | |
|---|---------|
| <input type="checkbox"/> Less than \$50 million | \$4,000 |
| <input type="checkbox"/> More than \$50 million | \$6,000 |

2) I have attached information that will establish the organization's revenue category (annual report, income statement, letter, or other supporting data).

3) I understand that in order to be eligible to participate as an EEL Associate, my company cannot be engaged in the generation, transmission, distribution, sale, or brokerage of electricity.

4) Payment is enclosed. Payment will follow. Please invoice me.

Signature

Date

Return to: Edgardo J. Ortiz • Manager, Member Relations • Edison Electric Institute
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