



Application for Membership

Organization _____

Address _____

Telephone _____ Fax _____ Web _____

Membership Level:
(Please check all that apply)

- Full Partner
- Appointed (\$20,000 annually)
- Elected (\$15,000 annually)
- Ex-Officio (no dues)
- Associate Partner
- More than 100 employees (\$10,000 annually)
- With 51-100 employees (\$7,500 annually)
- With 11-50 employees (\$5,000 annually)
- Less than 10 employees (\$2,500 annually)

Affiliate Partner (no dues)

Additionally, please check your representative sector:

- Research Institution
- Energy Supplier
- Other (please specify) _____
- Industry
- Government

Please inform us who your acting representative will be until further notice.

Official Representative _____ Title _____

Address _____

Telephone _____ Fax _____ Email _____

This organization was informed about the SCHFCA by: _____

The following organization may be interested in SCHFCA membership: _____

- Payment enclosed (please refer to dues structure above)
- Please invoice for _____

Signature: _____ Date: _____