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WWW.ELECTRICCITIES.ORG

APPLICATION FOR INDIVIDUAL ASSOCIATE MEMBERSHIP

The undersigned hereby submits application for **INDIVIDUAL ASSOCIATE MEMBERSHIP** with the **Electric Cities of Alabama**, agrees to abide by the terms and provisions of the *Articles of Association* and *Bylaws* of the Association, and upon acceptance as an association member, shall be entitled to the services of the Association as therein provided.

Individual Associate Membership

- \$500 Annually
- Individual is Association Member

Corporate Associate Membership

- \$1000 Annually
- Organization is Association Member (up to five individuals)

NAME: _____ TITLE: _____

ORGANIZATION: _____ WEB SITE: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

NAME & TITLE OF ORGANIZATION MANAGER: _____

Please provide a brief description of organization (necessary to process application):

FOR ASSOCIATION USE:

DATE: _____ CK#: _____ \$: _____