



# ELECTRIC CITIES of Alabama

*"Uniting Alabama's Electric Cities"*

P.O. Box 1550  
MONTGOMERY, AL 36102-1550  
(334) 954-3221  
(334) 954-3223 (FAX)  
WWW.ELECTRICCITIES.ORG

## APPLICATION FOR CORPORATE ASSOCIATE MEMBERSHIP

The undersigned hereby submits application for **CORPORATE 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.

### Corporate Associate Membership

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

**ORGANIZATION:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **WEB SITE:** \_\_\_\_\_

### *Authorized Membership Representatives (List up to five. Please include address if different from above)*

<i>Name/Title</i>	<i>Telephone/Fax</i>	<i>E-Mail</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR ASSOCIATION USE:**  
**DATE:** \_\_\_\_\_ **Ck#:** \_\_\_\_\_ **\$:** \_\_\_\_\_