



**ELECTRIC CITIES OF ALABAMA**  
UNITING ALABAMA'S ELECTRIC CITIES

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MONTGOMERY, AL 36102-1550  
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(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)

Name/Title	Telephone/Fax	E-Mail
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Associate membership is not available to any former employee of an ECA member utility without invitation from such member utility.

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