

# MEA Associate Membership Application

Date: \_\_\_\_\_

For Office Use Only: Code #: 2060

Rec. \_\_\_\_\_ Ck# \_\_\_\_\_  
Amt \_\_\_\_\_ Initial \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Company Website: \_\_\_\_\_

Yes, place a link to our website from MEA's Industry Links page

No, do not link to our website

**Official Company Delegate (OCD)** Senior liaison between MEA and company, you can add additional staff.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

We hereby apply for "Associate Company" Membership in Midwest ENERGY Association, Inc. (MEA), as set forth in the Association's Bylaws, Article IV, Section 2c. We understand that we will be billed annually, and upon receipt by MEA of our application, payment, and approval by the Membership Chair, be accepted as Associate members with the appropriate membership privileges.

**Associate Level (Choose One):**  Basic Electric \$400  Basic Gas \$700  Full \$1,200  Contractor \$1,500

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

*Please Provide the Following Information ~*

## Company Media Relations Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Who's Who Directory Information** Please provide a brief company description.

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

**We are now doing business with the following MEA members:**

*It is not a requirement to be presently serving MEA members.*

\_\_\_\_\_

**Payment Method:** Please DO NOT email credit card numbers. Address checks to Midwest ENERGY Association.

Check is enclosed. Please charge my fee of \$ \_\_\_\_\_ to my:  VISA  MasterCard  Discover  American Express

*Required to process card.*

Name on card \_\_\_\_\_ Email Address \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security code \_\_\_\_\_

Billing address for card \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Please return this form to Midwest ENERGY Association | attn: Tom Jackson  
2119 Cliff Drive | Eagan, MN 55122-3327  
Tel (651) 289-9600 | Fax (651) 289-9601

