



Education and networking for the electric energy industry.

RMEL membership is by company. Individuals of a member company are granted member status. Please complete the following company and individual information. Be sure to provide your company employee contacts as we mail notifications of RMEL activities directly to individuals wishing to participate.

Company Information

Formal information on record, and in the member directory.

Company Name: _____

Main Corporate Phone: _____

Main Corporate Fax: _____

Web Site: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Number of Company Employees (working in the United States.): _____

Company Description: _____

(*maximum 250 words; feel free to attach a description instead of using this space)

RMEL ~ 6855 S. Havana, Suite 430 ~ Centennial, CO 80112 ~ (303) 865-5544 ~ FAX: (303) 865-5548 ~ www.RMEL.org

_____ Member Join Date

Membership Category & Dues

Select the appropriate member category. Complete the credit card information or attach a check.

ELECTRIC UTILITY MEMBERS:

- Electric Utility - Retail Sales**
Dues \$ _____
(.0023 x Retail MWH sales maximum of \$18,000; minimum of \$460)
- Electric Utility - Wholesale**
Dues \$ _____
(.0023 x Wholesale MWH sales maximum of \$18,000; minimum of \$460 -
- Electric Utility - Distributing** \$200
Pay for your distributing utilities (\$200 each).
Utilities purchasing power from a wholesale RMEL member can join individually.

VENDOR MEMBERS:

Dues determined by the number of employees working in the electric energy industry in the U.S.

- 1 - 5 employees** \$500
- 6 - 50 employees** \$1,050
- 51 - 100 employees** \$1,700
- 101 - 500 employees** \$2,200
- 501 - 1000 employees** \$2,700
- 1000 +** \$3,250

OTHER MEMBERS:

- IPP - Independent Power Producer**
Dues \$ _____
(\$3.00 x MWH generating capacity maximum of \$5,000; minimum \$ 1,000)
- Power Marketers** \$1,000
- Non-Electric Utility** \$650
- End User** \$100
- Associates** (Associations, schools, etc) \$100

Submit Your Application

1. PHONE
Call RMEL at 303-865-5544 to provide your credit card information.
2. FAX
Fax this application along with your credit card information to 303-865-5548.
3. US MAIL
Mail a check and this application to:
RMEL
6855 S. Havana St
Suite 430
Centennial, CO 80112

Payment Information

- Check (mailed with application)
- Visa
- MasterCard
- AMEX

Card Number: _____

Expiration Date: _____

Name on Card: _____



Please be sure to provide your company employee contacts as we mail notifications of RMEL activities directly to individuals wishing to participate.

Individual Employee Contact Information

(Required boxes are indicated.)

RMEL Representative *(required)*
 Primary contact to RMEL from your company. (Membership billing, all RMEL communications, etc.)

Name _____ Title _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____

RMEL Advocate *(required)*
 Secondary contact to RMEL from your company. (Facilitates RMEL information within the company.)

Name _____ Title _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____

Company Leadership *(required)*
 Please list the names and contact information for your company's CEO and COO.

Name	Address	Phone	Fax	Email
CEO: _____	_____	_____	_____	_____
COO: _____	_____	_____	_____	_____

Name	Address	Phone	Fax	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Billing Contact Please list the name and contact information for the person at your company you would like to receive all billing invoices.

Name	Title	Address	Phone	Fax	Email
_____	_____	_____	_____	_____	_____

Name	Title	Address	Phone	Fax	Email
_____	_____	_____	_____	_____	_____

Key Marketing Contact Please list the name and contact information for the person at your company you would like to receive information about RMEL marketing opportunities.

Name	Title	Address	Phone	Fax	Email
_____	_____	_____	_____	_____	_____

Name	Title	Address	Phone	Fax	Email
_____	_____	_____	_____	_____	_____

NERC Compliance Contact Please list the name and contact information for the person at your company you would like to receive information about NERC programming.

Name	Title	Address	Phone	Fax	Email
_____	_____	_____	_____	_____	_____

Name	Title	Address	Phone	Fax	Email
_____	_____	_____	_____	_____	_____

Human Resources Contact Please list the name and contact information for the person at your company you would like to receive staff inquiries.

Name	Title	Address	Phone	Fax	Email
_____	_____	_____	_____	_____	_____

Name	Title	Address	Phone	Fax	Email
_____	_____	_____	_____	_____	_____



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Individual Employee Contact Information

(Where applicable, add the primary contact for each RMEL Section - Generation, Transmission, Distribution, Safety and Management.) **Use additional pages if needed.**

Individual Employee Contact Please list the name and contact information for the person at your company you would like to receive staff inquiries.

Contact: _____

Name	Title	Address	Phone	Fax	Email

JOB RESPONSIBILITY(IES): <input type="checkbox"/> Purchasing <input type="checkbox"/> Finance <input type="checkbox"/> Customer Service <input type="checkbox"/> Senior Mgmt <input type="checkbox"/> HR and Workforce <input type="checkbox"/> Energy Marketing <input type="checkbox"/> Engineering (Systems, Planning) <input type="checkbox"/> Operations (construction, maintenance) <input type="checkbox"/> Commercial <input type="checkbox"/> Energy Consulting <input type="checkbox"/> Contractor <input type="checkbox"/> IT <input type="checkbox"/> Marketing and Communications <input type="checkbox"/> Administrative					
SECTION(S): <input type="checkbox"/> Generation <input type="checkbox"/> Transmission <input type="checkbox"/> Distribution <input type="checkbox"/> Safety <input type="checkbox"/> Management					

Individual Employee Contact Please list the name and contact information for the person at your company you would like to receive staff inquiries.

Contact: _____

Name	Title	Address	Phone	Fax	Email

JOB RESPONSIBILITY(IES): <input type="checkbox"/> Purchasing <input type="checkbox"/> Finance <input type="checkbox"/> Customer Service <input type="checkbox"/> Senior Mgmt <input type="checkbox"/> HR and Workforce <input type="checkbox"/> Energy Marketing <input type="checkbox"/> Engineering (Systems, Planning) <input type="checkbox"/> Operations (construction, maintenance) <input type="checkbox"/> Commercial <input type="checkbox"/> Energy Consulting <input type="checkbox"/> Contractor <input type="checkbox"/> IT <input type="checkbox"/> Marketing and Communications <input type="checkbox"/> Administrative					
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Contact: _____

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