

Application for EPCE Membership

Company/organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Description of the Organization: _____

Number of Employees: _____

Contact Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Annual Membership Fee:

Annual membership fees are based on the number of employees in the organization. See chart below.

Membership Level	Check box that applies	Size of Company (#of employees)	Annual Membership Fee (based on # of employees)
Utility Member	<input type="checkbox"/>	(# of employees) less than 3,000 employees	\$3,600 annually
	<input type="checkbox"/>	3,000 to 10,000 employees	\$7,200 annually
	<input type="checkbox"/>	10,000 and over employees	\$12,000 annually
Industry Association Member (National, Regional, State)	<input type="checkbox"/>	(# of employees) less than 100 employees	\$1,200 annually
	<input type="checkbox"/>	100 to 500 employees	\$1,700 annually
	<input type="checkbox"/>	500 and over employees	\$3,600 annually
Union Joint Labor Management Programs Professional Organizations	<input type="checkbox"/>	(# of individuals trained yearly) Less than 1,000 employees	\$300 annually
	<input type="checkbox"/>	1,000 to 5,000 employees	\$660 annually
	<input type="checkbox"/>	5,000 to 10,000 employees	\$1020 annually
	<input type="checkbox"/>	10,000 and over employees	\$1,440 annually
Affiliate Member (vendors, suppliers, contractors, other firms)	<input type="checkbox"/>	(# of employees) less than 500	\$1,200 annually
	<input type="checkbox"/>	500 to 1,500	\$1,800 annually
	<input type="checkbox"/>	1,500 to 3,000	\$3,600 annually
	<input type="checkbox"/>	3,000 to 10,000	\$6,000 annually
	<input type="checkbox"/>	10,000 and over	\$7,500 annually

Authorization:

I authorize this Energy Providers Coalition for Education (“EPCE”) membership request for the above-named organization. I “Member” acknowledge the Council for Adult and Experiential Learning (“CAEL”) as its agent for purposes of carrying out the duties and responsibilities of EPCE.

Authorized Signature: _____ **Date:** _____

Title: _____

Please send completed form to:
EPCE Membership – Angie Lucas
 Email: alucas@cael.org

Strada Collaborative, Inc., d/b/a CAEL
 10 W. Market St.
 Suite 1100
 Indianapolis IN 46204
 United States

For Electronic Payment:
 If you wish to pay via Credit Card, please call 317-806-1241