

EPCE Membership Application

Member Information

Business Name:			
Description of Organization:			
Individual Name:			
Title:			
Mailing Address:			
Physical Address (if different):			
Telephone:		Email:	
Website:			

Membership Level

Membership Level	Check <input checked="" type="checkbox"/>	Size	Annual Membership Fee
Primary Energy 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 (National, Regional, State)	<input type="checkbox"/>	(# of employees) less than 100 employees	\$600 annually
	<input type="checkbox"/>	100 to 500 employees	\$1,200 annually
	<input type="checkbox"/>	500 and over employees	\$3,600 annually
Local 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	\$1,020 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 employees	\$600 annually
	<input type="checkbox"/>	500 to 1,500 employees	\$1,200 annually
	<input type="checkbox"/>	1,500 to 3,000 employees	\$1,800 annually
	<input type="checkbox"/>	3,000 to 10,000 employees	\$3,600 annually
	<input type="checkbox"/>	10,000 and over employees	\$6,000 annually
Workforce Investment Boards	<input type="checkbox"/>	Depending on # of clients served (contact EPCE for more information)	\$300 - \$600 annually

Authorization:

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

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Please mail/fax this completed form, along with the appropriate membership fee, to:
 EPCE Membership, c/o CAEL – 10 W. Market Street, Suite 1100, Indianapolis, IN 46204 :
 Telephone: 303-804-4672 Email: info@epceonline.org