



# SEPA

solar electric power association

1220 19th Street NW, Suite 800 - Washington, DC 20036 - P: 202.857.0898 - F: 202.559.2035

## MEMBERSHIP APPLICATION

**\* 1. Please select your membership category:**

- Independent Power Producer
- Wholesale Marketer (operating in a competitive environment)

## Primary Contact Information

The primary contact is the individual representing your company that will be responsible for voting annually in the SEPA Board of Directors election and will receive important membership information, such as annual renewal notices.

**\* 1. Please enter the contact information for your primary contact:**

<b>Name and Title:</b>	<input type="text"/>
<b>Company:</b>	<input type="text"/>
<b>Address 1:</b>	<input type="text"/>
<b>Address 2:</b>	<input type="text"/>
<b>City/Town:</b>	<input type="text"/>
<b>State/Province:</b>	<input type="text"/>
<b>ZIP/Postal Code:</b>	<input type="text"/>
<b>Country:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Phone Number:</b>	<input type="text"/>

**\* 2. Please select the job function of your primary contact.**

- CEO/Owner
- Communications/Marketing
- Government Relations
- Operations/Maintenance
- Program/Project Development
- Sales/Business Development
- Engineering

Other (please specify)

**\* 3. What is your primary contact's technology of interest?**

- Distributed PV
- Centralized PV
- Concentrating PV
- Solar Thermal Electric
- Solar Hot Water
- All of the Above

## Alternate Contact Information

### 1. Please enter the contact information for your alternate contact.

<b>Name and Title:</b>	<input type="text"/>
<b>Company:</b>	<input type="text"/>
<b>Address 1:</b>	<input type="text"/>
<b>Address 2:</b>	<input type="text"/>
<b>City/Town:</b>	<input type="text"/>
<b>State/Province:</b>	<input type="text"/>
<b>ZIP/Postal Code:</b>	<input type="text"/>
<b>Country:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Phone Number:</b>	<input type="text"/>

### 2. Please select the job function of your alternate contact.

- CEO/Owner
- Communications/Marketing
- Government Relations
- Operations/Maintenance
- Program/Project Development
- Sales/Business Development
- Engineering

Other (please specify)

## Company Information

**\* 1. Please enter your company's description:**

**\* 2. Company Website:**

**\* 3. What is your company's market segment of interest?**

- Residential
- Commercial/Industrial
- Utility-Scale
- All of the Above
- Not Applicable

**4. What is your reason for joining SEPA? Please check all that apply.**

- Discounts to Events
- Access to research and information about solar technologies, policies, and markets
- Information sharing with peers and/or relationship building with vendors
- One-on-one assistance from Regional Directors & other SEPA staff
- Other (please specify)

## Membership Dues

SEPA's Membership is based on an Anniversary year cycle, with membership activation upon receipt of payment.

**\* 1. Please select your annual revenue and correlating membership dues from the options below. Also enter your exact annual revenue in the blank below. (This information is used solely for the processing of your membership and is not shared with anyone internally or externally.)**

- \$1B+ (\$7,500)
- \$700M - \$999.9B (\$6,500)
- \$500M - \$699.9M (\$5,500)
- \$200M - \$499.9M (\$4,500)
- \$50M - \$199.9M (\$3,500)
- \$10M - \$49.9M (\$2,500)
- Under \$10M (\$1,500)

Annual Revenue:

**\* 2. Payment Method:**

- Invoice requested
- Wire (select this option for wire instructions to be sent to you)
- Credit Card
- Check Enclosed- Check Number:

**3. If you wish to pay by credit card, please complete all the information below:**

Name on Card:	<input type="text"/>
Credit Card Number:	<input type="text"/>
Expiration Date:	<input type="text"/>
Authorized Amount on Card:	<input type="text"/>
Telephone No. of Cardholder:	<input type="text"/>
Billing Address:	<input type="text"/>
Date of Application:	<input type="text"/>

Please send this completed application to Cara Blumenthal, Membership Associate  
Fax: 202.747.5745 - Phone: 202.595.1147- Email: [cblumenthal@solarelectricpower.org](mailto:cblumenthal@solarelectricpower.org)

Please allow 24-48 hours for processing.