



ENERGY MANAGEMENT ASSOCIATION

ASSOCIATE MEMBER APPLICATION

(Membership will not be processed unless payment is included with the application form)

APPLICANT INFORMATION

Company Name _____

Company Address _____ Street _____ Suite # _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Website _____

List of Products and Service _____

Primary Contact: (Representative #1:) _____ Name _____ Title _____ Email _____

Current licenses, registrations, and/or certifications: _____

Representative #2: _____ Name _____ Title _____ Email _____

Current licenses, registrations, and/or certifications: _____

Annual membership dues for EMA Associate Membership = \$750
[] Check Enclosed (payable to EMA) [] VISA [] Mastercard [] American Express
Card Number _____ Exp. Date _____ / _____
Name of Cardholder _____
Signature of Cardholder _____



Please fax or email your completed application to:

ENERGY MANAGEMENT ASSOCIATION
2401 Pennsylvania Ave. NW, Suite 330, Washington, DC 20037
Phone: 202-737-1334 Fax: 202-638-4833
Email: info@energymgmt.org