| Prospective NASEMC members should completely fill out and return this application form to Pamela Birkel pamela.birkel@cascadeenergy.comFor questions, please contact Pamela Birkel pamela.birkel@cascadeenergy.com or Greg Baker gbaker@veic.org |
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| Applicant Information |
| Name (person filling out this form):  |
| Job title:  |
| Organization:  |
| Email:  |
| Phone #:  |
| organization Information |
| Organization name: y |
| Type of organization: |
| Check which best applies: [ ] SEM Implementer [ ]  Evaluator [ ]  Utility [ ]  Research [ ]  Regional/National Organization [ ]  Other |
| Address:  |
| City:  | State or Province:  | Postal Code:  |
| Country:  | Phone #: | Fax #: |
| Website:  |
| MemberSHIP TYPE |
| [ ]  Gold, up to 10 members ($10,000 for 1 year); please specify 10 individuals below |
| [ ]  Silver, up to 5 members ($5,000 for 1 year); please specify 5 individuals below |
| [ ]  Bronze, up to 2 members ($2,500 for 1 year); please specify 2 individuals below |
| [ ]  2-5-person organization, up to 2 members ($1,000 for 1 year); please specify 2 individuals below |
| [ ]  1 person organization ($500 for 1 year); please specify 1 individual below |
| ☐ Certified Diverse Business – membership fee reduced by 50% |
| INDIVIDUAL MEMBERS |
| **NAME** | **JOB TITLE** | **EMAIL ADDRESS** | **Phone #** |
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| MEMBERSHIP dates |
| Membership is for the 2025 calendar year |
| Signature |
| I agree to pay the selected NASEMC annual membership fee within 28 days of signing this form. |
| Signature: | Date: |

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| PAYMENT INFORMATION |
| ACEEE will email you an invoice upon receipt of this form |



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| FOR OFFICIAL USE ONLY |
| Date received: | Date approved: | Membership #: | Name: |
| Once submitted, a member of the NASEMC leadership team will be in touch with you regarding your payment. |