

MEMBERSHIP APPLICATION

Please fill out completely and accurately. Thank you.

Date: _____

COMPANY INFORMATION

Company/Organization name: _____

Company/Organization type

- | | |
|---|--|
| <input type="checkbox"/> Tribal government | <input type="checkbox"/> Not-for-profit |
| <input type="checkbox"/> Tribal Energy Government | <input type="checkbox"/> Energy Consultant |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Other, please specify |

Tribal affiliation: _____

Membership level Full member Associate member

General description of your organization's involvement in/with Tribal Energy:

Subsidiaries (Please list any wholly owned subsidiaries that would be covered under your membership)

Website (if applicable): _____

PRIMARY CONTACT INFORMATION

Contact name: _____

Contact title: _____

Address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Please check if this is the same address as corporate offices

Email: _____

Phone number: _____

ALIGNMENT AND INTEREST

Please briefly describe the overall mission/vision of your organization. The scope of your work, the intent of your activities, etc

Briefly explain why you/your organization is interested in becoming a member of the Tribal Energy Consortium:

REFERRAL

How did you hear about the Tribal Energy Consortium?

If you were referred to us, please share who made the referral:

By checking this box, you/your organization agrees if it becomes a member, your company website and logo can be listed on the TEC website.



Thank you for taking the time to fill out this application.

Please email to completed form to: info@ndnenergy.org
Or mail to: Tribal Energy Consortium

PO Box 692
Jemez Pueblo, NM 87024

