



COOPERATIVE ASSOCIATE MEMBER



s a rural cooperative utility, you know the value of keeping the lights on and your customers satisfied. Cooperative Associate membership in the American Public Power Association will provide you with top-notch electric utility operations tools and access to premiere information resources to make your job easier.

Enjoy valuable member benefits without breaking the bank

Cooperative Associate membership provides your employees with the products and services they need.

- Deeply discounted rates on industry products and publications, including the Association's nationally acclaimed Safety Manual for an Electric Utility and HR 360, an attorney-reviewed source for HR news, tools, forms, and training
- Opportunities to apply for a Reliable Public Power Provider (RP3) program designation and to benefit from improved bond ratings, savings on workers compensation and insurance, and increased economic development opportunities that accompany a designation
- Member rate on subscriptions to web-based operational solutions
- Significant discounts on industry-leading professional development opportunities, including in-person conferences and webinars

- Associate-level access to resources on PublicPower.org
- Utility-wide subscriptions to *Public Power Daily* e-newsletter and *Public Power* magazine

Join today!

Simply complete and return the application form in this brochure with your first year's dues payment. Cooperative Associate dues are based on the number of customers served according to this schedule:

- Cooperative Associate Tier 1 \$1,625 (Fewer than 5,000 customers)
- Cooperative Associate Tier 2
 \$2,400 (5,001 10,000 customers)
- Cooperative Associate Tier 3
 \$3,250 (10,001 25,000 customers)
- Cooperative Associate Tier 4 \$4,500 (25,001 – 80,000 customers)
- Cooperative Associate Tier 5*
 \$5,900 (80,001+ customers)
 *G&T Cooperatives are eligible to join at the Tier-5 level

Questions?

Contact Membership@PublicPower.org or call 202-467-2926.

COOPERATIVE ASSOCIATE MEMBERSHIP INFORMATION AND APPLICATION



Primary Contact Information

The primary contact should be the person at your company to whom the Association communicates about membership benefits, updates, invoices, etc.

Name			
Title			
Company			
Address			
City		State	Zip
Telephone	Fax		
Email			
Website			

Agreement

To become an associate member of the American Public Power Association, applicants must sign the following statement of support: I confirm that my organization supports the rights of communities to establish and operate local, government-owned electric utilities and recognizes the significant and positive role public power plays in the electric utility industry today and in the future. I also understand that by providing my contact information, I am authorizing the Association to send notices to me about programs and services.

Except specifically noted in this agreement and for the limited purpose of performing the obligations under this agreement, neither party shall use the other party's logo or name for marketing or any other purposes without obtaining prior written approval of that party.

Primary Contact Signature

Date

COOPERATIVE ASSOCIATE MEMBERSHIP INFORMATION AND APPLICATION



Payment Information

All fees to be p	aid in U.S. funds.					
	via Wire/ACH payment an Association finance					
I am paying via check. I will mail the application form and a check payable to American Public Power Association to: American Public Power Association · P.O. 418617· Boston, MA 02241-8617						
□ I am paying I will Fax (20.		embership@PublicPower.org)	my application form.			
🗆 Visa	□ MasterCard	☐ American Express	Discover			
Card number			Expiration Date			
\$ Amount to charge	to card					
Name as it appears	on card	Cardhold	der signature			

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