

Affiliate Membership Application



New Member
 Reactivate

Terminate
 Rep Change

Other: _____
—

Company Information

Company Name: _____ Type of Company _____

Company Address: _____ City: _____ State: _____

Office Phone: _____ Office Fax: _____ Zip: _____

Office Email Address: _____ Webpage: _____

Main Contact: _____ Phone: _____

Company Representatives

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Additional Company Representatives

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Please Indicate the Committees You Would Like to Participate on (Optional)

Government Affairs Committee
Awards Committee
Social Committee
RPAC Committee

Technology Committee
Community Involvement
Affiliate Committee

Applicant Signature _____ Date: _____

UCAR Office Use Only

Received By: _____ Date: _____ Fees Amount Paid: \$ _____

Fee Received: YES/NO RAMCO: _____ NAR ID: _____
