



MEMBERSHIP APPLICATION		
BUSINESS DETAILS		
Business name:		
Business address:		
City:	State:	ZIP:
Business Description:		
REFERENCES		
For sustaining members, please provide some utility or industry references:		
CONTACTS		
Please supply the name and contact details of the primary person to contact for engagement with WATT.		
Name:	Title:	
Email address:	Phone:	
EMAIL DISTRIBUTION LIST		
Please add any additional contacts from your organization who would like to be kept informed about WATT Coalition activities, events, services, news, etc.		
Name:	Title:	Email Address:
Name:	Title:	Email Address:
Name:	Title:	Email Address:
Name:	Title:	Email Address:
MEMBERSHIP TYPE		
Please check the box for your membership type.		
<input type="checkbox"/> Sustaining member (technology vendors only)	<input type="checkbox"/> Associate member (all organizations eligible)	
Please indicate your estimated annual revenue to determine annual membership dues:	<input type="checkbox"/> Coalition partner (trade associations and nonprofits)	
	<input type="checkbox"/> Annual revenue less than or equal to \$2M	
<input type="checkbox"/> Annual revenue greater than \$2M		
PAYMENT OF MEMBERSHIP FEE		
Once the application form is submitted and the applicant organization has been approved by all existing members unanimously, the WATT Coalition will issue an invoice for the relevant membership fee. Membership is automatically renewed at the beginning of each calendar year unless it is cancelled at least 30 days in advance of the renewal date. Annual membership fees are reviewed by the board on an annual basis and adjusted in line with the approved annual work program and budget.		
DATA PROTECTION		
To ensure compliance with the GDPR we ask that you review the WATT privacy policy and confirm your agreement below.		
<input type="checkbox"/> By checking this box you declare that you have read and accept the WATT Coalition privacy policy, and agree to receive correspondence related to your membership and the activities of the WATT Coalition.		
SIGNATURES		
By signing this Membership Application Form, I understand that my organization becomes a member of the WATT Coalition, subject to the WATT Coalition Bylaws and approval of the WATT Coalition Board. I hereby declare that my organization has reviewed and accepts the Bylaws and internal regulations of the WATT Coalition, as detailed in Appendix 1.		



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Signature of applicant:	Date:
Print name of applicant:	