



CARILEC

An Association Of Electric Utilities

Membership Application Form Full Member Category

CONTACT PERSON FOR THIS APPLICATION

Name

Position

Telephone

Fax

E-mail

COMPANY NAME

**REGISTERED OFFICE
ADDRESS**

City, State, Zip

Country

**OPERATING OFFICE
ADDRESS** (if different
From above)

City, State, Zip

Country

Telephone

Fax

E-mail

Website



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DATE/YEAR OF
INCORPORATION

Public Ownership

Statutory Body

Private Corporation

Other

Government Department

MAJOR SHAREHOLDER OR PARENT COMPANY

NO. OF SUBSIDIARY COMPANIES (*if any*)

PRINCIPAL ACTIVITIES OF THE COMPANY

(Please enter <i>YES</i> or <i>No</i> as appropriate)	GENERATION	T & D	OTHER
ELECTRICITY			
WATER			
TELECOMMUNICATIONS			
OTHER			



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METHOD OF GENERATION (if Electricity)

Fossil Fuel	<input type="text"/>
Hydro	<input type="text"/>
Gas	<input type="text"/>
Steam	<input type="text"/>
Wind	<input type="text"/>
Biomass	<input type="text"/>
Other	<input type="text"/>

PRINCIPAL OFFICERS

Name

Position

Telephone Fax

E-mail

Name

Position

Telephone Fax

E-mail



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Name

Position

Telephone Fax

E-mail

ESTABLISHMENT SIZE (*No. of employees*)

Total Employees

Management		PR/Communication	
Finance/Accounting		Customer Service	
Administrative		Legal	
HRM		Other	
Operations			



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STATISTICS

Annual Sales (GWh)		Frequency (Hz)	
Annual Revenue (US\$)		Transmission Voltage (kV)	
No. of Customers		Miles of Transmission Lines	
Maximum Demand (MW)		Distribution Voltage (kV)	
Installed Generation (MW)		Miles of Distribution Lines	
Customer Supply Voltage (V)		Tolerance = %	

FIVE YEAR FORECAST

Annual Load Growth %		Distribution Expansion (miles)	
Transmission Expansion (miles)		Generation Expansion (MW)	



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WHAT SPECIAL SERVICES OR PRODUCTS CAN YOUR COMPANY PROVIDE TO CARILEC?

HOW DO YOU HOPE TO BENEFIT FROM MEMBERSHIP IN CARILEC?

Signed _____

Date _____

Designation _____