



CARILEC

An Association Of Electric Utilities

Membership Application Form Associate Member Category

CONTACT PERSON FOR THIS APPLICATION

Name

Position

Telephone

Fax

E-mail

COMPANY NAME

ADDRESS- REGISTERED
OFFICE

City, State, Zip

Country

ADDRESS-OPERATING
OFFICE (if different
From above)

City, State, Zip

Country

Telephone

Fax

E-mail

Website



Membership Application Form
Associate Member Category

DATE/YEAR OF INCORPORATION

OWNERSHIP STRUCTURE

Private Corporation

Public Corporation

Government Department

Statutory body

Other

MAJOR SHAREHOLDER OR PARENT COMPANY

NO. OF SUBSIDIARY Companies (if any)

ESTABLISHMENT SIZE (No. of employees)

PRINCIPAL ACTIVITIES OF THE COMPANY



Membership Application Form
Associate Member Category

PRINCIPAL OFFICERS

1. Name _____ Position _____

Telephone _____ Fax _____

E-mail Address _____

2. Name _____ Position _____

Telephone _____ Fax _____

E-mail Address _____

3. Name _____ Position _____

Telephone _____ Fax _____

E-mail Address _____



Membership Application Form
Associate Member Category

4. Name _____ Position _____

Telephone _____ Fax _____

E-mail Address _____

5. Name _____ Position _____

Telephone _____ Fax _____

E-mail Address _____

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



Membership Application Form
Associate Member Category

HOW DO YOU HOPE TO BENEFIT FROM MEMBERSHIP OF CARILEC?

Signed _____ Date _____

Designation _____

Before submitting this application, please note the following:

1. A copy of the company's latest financial statements must be attached.
2. Ensure the non-refundable processing fee of US\$250.00 is enclosed with application.
3. Notification of approval or otherwise will be sent to applicant's within three (3) weeks of receipt of application.
4. If application is approved, membership dues of US\$3000.00 per annum must be paid before registration as a member.