



2015 Chestnut Street, Camp Hill, PA 17011

Phone (717) 763-7635, Fax (717) 763-7455, www.arippa.org

ASSOCIATE MEMBERSHIP APPLICATION

Organized in 1989, the Anthracite Region Independent Power Producers Association (ARIPPA) is a non-profit trade association comprised of independent electric power producers, environmental remediators, and service providers located in Pennsylvania and West Virginia that use coal refuse as a primary fuel to generate electricity. Utilizing circulating fluidized bed (CFB) technology to convert both anthracite and bituminous coal refuse into electricity, ARIPPA plants also provide unique multimedia environmental benefits by combining the production of energy with the removal of coal refuse piles and reclamation of the land for productive purposes.

Membership will afford you:

- **Free** listing (with links) on our website www.arippa.org and access to our MEMBERS ONLY web page.
- **Free** access to the ARIPPA Annual Membership Directory.
- **Free** access to our legislative directory on our website.
- **Free** attendance at Technical Meetings. Technical Symposium, Trade Show and any golf event require registration costs.
- **Free** one time opportunity to present at a Technical Meeting. Additional opportunities to speak may be available based on sponsorship or educational content.
- **Free** periodic industry newsletters.
- **Access** to ARIPPA's Annual Tech Symposium, Trade Show and PAC Golf Outing – an event attended by a “members only, who’s who” of the industry. Display your service or product and speak of its merits or simply attend, socialize, sponsor, or just play golf. It’s all available to you.

ELIGIBILITY & STEPS:

“**Associate Members**” are eligible for membership if they are an individual of good character or business entity of good repute, located in any state of the United States, have a direct interest in boilers, powerhouse equipment, material handling, alternative fuels or the engineering, construction and operation of a CFB and:

- Pay a one-time initiation fee.
- Pay an annual flat rate fee as annual membership dues.
- Shall not have the right to vote.

Step 1): Complete this application form and send it to ARIPPA along with a **one-time initiation fee check made payable to ARIPPA for \$550.00.** (If application is denied this fee will be returned.)

Step 2): Application will be reviewed by ARIPPA. Upon acceptance by majority vote of Board members, applicant will be notified and invoiced to pay annual dues (Jan. 1 – Dec. 31). **Please make dues check payable to ARIPPA for \$825.00*** (Initial dues payment shall be prorated based on the date of application.)

Step 3): Upon receipt of annual dues check, applicant will be notified and sent a packet of membership services, access material, and plaque.

Note: *Annual membership dues may change.

APPLICATION FORM:

The undersigned Applicant hereby applies for and executes this application for membership in ARIPPA. Appropriately coded individuals listed below may represent the Applicant at any and all ARIPPA meetings.

COMPANY NAME: _____
COMPANY STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: () _____ FAX: () _____
WEBSITE ADDRESS: _____
DESCRIBE BUSINESS OPERATIONS: _____

Circle or highlight the category below that best describes your primary services/products:

- | | |
|--|--|
| 1. Asset Mgmt. / Financial Analyst | 7. Fuel & Limestone Suppliers |
| 2. Boiler Design / Manufacture / Construction | 8. Industrial Chemicals |
| 3. Boiler Erection / Repairs | 9. Material Handling / Systems / Components |
| 4. Boiler Refractory / Materials / Installation | 10. Plant Equipment Sales / Repair |
| 5. Emission Measurement / Controls / Testing | 11. Plant Operations / Maintenance |
| 6. Engineering Consultants | 12. Turbine Generator / Maintenance / Repair |
| Email company logo to admin@arippa.org. | 13. Water Treatment / Systems / Chemicals |

CONTACTS:

Please "code" appropriate contacts/designee below as follows:

(Note: A contact may have multiple codes.)

CODE:	TITLE / DUTIES:	EXPLANATION:	RECIEVES:
M	Main Contact	<ul style="list-style-type: none"> One (1) person per company ARIPPA's primary contact 	All Communications
S	Staff / Sales Contact	<ul style="list-style-type: none"> Office staff, schedulers, administrative assistants, etc. 	All Communications (except invoices)
I	Invoice Recipient	<ul style="list-style-type: none"> Personnel responsible to receive/approve invoices 	Only/All Invoices
X	Extra Contacts	<ul style="list-style-type: none"> Persons in addition to main contact Not coded otherwise 	All Communications (except invoices)

CODES: M NAME: (Last Name, First, Name) _____
TITLE: _____ E-MAIL: _____ @ _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: () _____ TOLL FREE: () _____
CELL: () _____ FAX: () _____

CODES: I NAME: (Last Name, First, Name) _____
TITLE: _____ E-MAIL: _____ @ _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: () _____ TOLL FREE: () _____
CELL: () _____ FAX: () _____

CONTACTS (continued):

CODES: _____ NAME: (Last Name, First, Name) _____
TITLE: _____ E-MAIL: _____ @ _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: (_____) _____ TOLL FREE: (_____) _____
CELL: (_____) _____ FAX: (_____) _____

CODES: _____ NAME: (Last Name, First, Name) _____
TITLE: _____ E-MAIL: _____ @ _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: (_____) _____ TOLL FREE: (_____) _____
CELL: (_____) _____ FAX: (_____) _____

CODES: _____ NAME: (Last Name, First, Name) _____
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ADDRESS: _____
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CODES: _____ NAME: (Last Name, First, Name) _____
TITLE: _____ E-MAIL: _____ @ _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: (_____) _____ TOLL FREE: (_____) _____
CELL: (_____) _____ FAX: (_____) _____

***If you have more contacts, you may copy this page to include your additional contacts.**

Please initial the following and sign below:

- _____ Applicant recognizes that the Association reserves the exclusive right to accept or reject any application.
- _____ Applicant acknowledges that continued membership status requires payment of annual dues.
- _____ Applicant will observe the Association's by-laws as they from time to time may be amended.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT APPLICANT'S NAME & TITLE: _____

ACCEPTED BY THE ASSOCIATION: _____ DATE: _____