2015 Chestnut Street, Camp Hill, PA 17011 Phone (717) 763-7635, Fax (717) 763-7455, www.arippa.org

SUSTAINING PLANT 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:

If an applicant has more than one generation plant each such plant shall qualify for separate membership.

"Sustaining Plants" are eligible for membership and are granted one (1) full vote at any meeting of the membership if they:

- Commenced construction or are currently operating as an independent electric generating plant in PA
- Are utilizing CFB technology with a gross capacity greater than 25 MW
- Are using coal refuse as a primary fuel source
- Pay an annual flat rate fee as annual membership dues
- Pay an additional annual pro-rata fee based on a formula using plant members MW

Step 1): Complete application form and send it to ARIPPA along with an annual (Jan. 1 – Dec. 31) **dues check made payable to ARIPPA for $16,000.00*** (Initial dues shall be prorated based on the date of application.)

Step 2): Application will be reviewed by ARIPPA. Upon acceptance by majority vote of Board members, 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: _____
DESCRIBE ALL FUEL SOURCES UTILIZED: _____
LOCATION OF PLANT: _____

CONTACTS:

Please "code" appropriate contacts/designee below as follows:
(**Note:** A contact may have multiple codes.)

CODE:	TITLE / DUTIES:	EXPLANATION:	RECIEVES:
V	Voting Representative	• One (1) person per company • ARIPPA's primary contact and designated plant member to vote on all ARIPPA BOD matters	Board Voting Communications & All Other Communications
A	Alternate Voting Representative	• Eligible to votes in the absence of the voting BOD member	Board Voting Communications & All Other Communications (except invoices)
D	Data Collection	• Personnel responsible to supply plant data to ARIPPA	Plant Data Communications/Requests & All Other Communications (except invoices)
I	Invoice Recipient	• Personnel responsible to receive/approve invoices	Only/All Invoices
X	Extra Contacts	• Persons in addition to main contact Not coded otherwise	All Communications (except invoices, BOD, and data)

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

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

CONTACTS (continued):

CODES: ____**D**____ 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)_____
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)_____
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: _____