



2015 Chestnut Street, Camp Hill, PA 17011

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

ASSOCIATE MEMBERSHIP APPLICATION

Organized in 1989, the Appalachian 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) boiler 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. There are currently 10 such CFB plants in Pennsylvania and one in West Virginia.

As a member you will:

- Be invited to participate in all ARIPPA meetings. Speaking opportunities may also be available.
- Receive a free copy of the annual membership directory.
- Be listed on our website www.arippa.org.
- Have access to our members only section of the ARIPPA website that includes an inclusive legislative directory and tracking report on pending legislation; ARIPPA regulatory comments and testimony; meetings schedule, attendance lists and presentations; and our bylaws and membership directory.
- Receive current industry information and updates through periodic electronic industry newsletters, news clips and social media postings.
- Have representation in state and federal governmental matters impacting the coal refuse reclamation to energy industry.

ELIGIBILITY & STEPS:

An “**Associate Member**” shall be open to any supplier of good or services or any other business located in or outside the state of Pennsylvania related to the independent power production industry. Members must:

- 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 the ARIPPA Board of Directors. Upon acceptance by majority vote of Board members, applicant will be notified and invoiced to pay annual dues. **Annual dues are currently \$825.00* for January 1 through December 31**. Initial dues payment may 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 are subject to 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 office@arippa.org. | 13. Water Treatment / Systems / Chemicals |

CONTACTS:

Please "code" appropriate contacts 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
X	Extra Contacts	<ul style="list-style-type: none"> Persons in addition to main contact Not coded otherwise 	All Communications (except invoices)
I	Invoice Recipient	<ul style="list-style-type: none"> Personnel responsible to receive/approve invoices 	Only/All Invoices

CODE(S): M NAME: _____
TITLE: _____ E-MAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: _____ CELL: _____

CODE(S): I NAME: _____
TITLE: _____ E-MAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: _____ CELL: _____

CONTACTS (continued):

CODE(S): _____ NAME: _____
TITLE: _____ E-MAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: _____ CELL: _____

CODE(S): _____ NAME: _____
TITLE: _____ E-MAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: _____ CELL: _____

CODE(S): _____ NAME: _____
TITLE: _____ E-MAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: _____ CELL: _____

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ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: _____ CELL: _____

CODE(S): _____ NAME: _____
TITLE: _____ E-MAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
PHONE: _____ CELL: _____

***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 ARIPPA reserves the exclusive right to accept or reject any application.
- ____ Applicant acknowledges that continued membership status requires payment of annual dues.
- ____ Applicant will observe ARIPPA's bylaws as they from time to time may be amended.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT APPLICANT'S NAME & TITLE: _____

ACCEPTED BY THE ASSOCIATION: _____ DATE: _____