



2015 Chestnut Street, Camp Hill, PA 17011

Phone (717) 763-7635, Fax (717) 763-7455, [www.arippa.org](http://www.arippa.org)

## **COAL REFUSE SUPPORTING PLANT 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](http://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:**

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

A "**Supporting Coal Refuse Member**" shall be open to any electric power generating facility with a gross capacity greater than 25MW utilizing CFB technology and consuming coal refuse as its primary fuel source (at least 75%) located outside the state of Pennsylvania and has not elected to become a Sustaining Member.

Members must:

- Pay an annual flat rate fee as annual membership dues.
- May be assessed an additional pro-rata fee.
- Granted one half (½) vote at any meeting of the membership.

**Step 1)** Complete this application form and send it to ARIPPA along with an annual (Jan. 1 – Dec. 31) **dues check made payable to ARIPPA for \*\$9,000.00**. Initial dues may 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 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: \_\_\_\_\_  
DESCRIBE ALL FUEL SOURCES UTILIZED: \_\_\_\_\_  
LOCATION OF PLANT: \_\_\_\_\_

**CONTACTS:**

Please "code" appropriate contacts below as follows:

(Note: A contact may have multiple codes.)

CODE:	TITLE / DUTIES:	EXPLANATION:	RECIEVES:
V	Voting Representative	<ul style="list-style-type: none"> <li>One (1) person per company</li> <li>ARIPPA's primary contact and designated plant member to vote on all ARIPPA BOD matters</li> </ul>	Board Voting Communications & All Other Communications
A	Alternate Voting Representative	<ul style="list-style-type: none"> <li>Eligible to votes in the absence of the voting BOD member</li> </ul>	Board Voting Communications & All Other Communications (except invoices)
D	Data Collection	<ul style="list-style-type: none"> <li>Personnel responsible to supply plant data to ARIPPA</li> </ul>	Plant Data Communications/Requests & All Other Communications (except invoices)
I	Invoice Recipient	<ul style="list-style-type: none"> <li>Personnel responsible to receive/approve invoices</li> </ul>	Only/All Invoices
X	Extra Contacts	<ul style="list-style-type: none"> <li>Persons in addition to main contact</li> <li>Not coded otherwise</li> </ul>	All Communications (except invoices, BOD, and data)

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

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

**CONTACTS (continued):**

CODE(S):   D   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: \_\_\_\_\_

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: \_\_\_\_\_

**\*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: \_\_\_\_\_