



2015 Chestnut Street, Camp Hill, PA 17011

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

NON-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.
- 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.

“**Supporting Plants**” are eligible for membership if they:

- Commenced construction or are currently operating as an independent electric power generating facility
- And/or are utilizing CFB technology
- And/or are located in any state of the United States

Non-Coal Refuse Supporting Member Plants are those plants that do not use coal refuse as a primary fuel source and:

- Shall pay an annual flat rate fee as annual membership dues.
- Shall not be assessed any additional pro-rata fee.
- Shall not have the right to 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 *\$2,000.00**. 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:
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 contactNot 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: _____

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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: _____