

POWER OPTIONS®

THE MASSACHUSETTS NONPROFIT ENERGY PURCHASERS CONSORTIUM

Membership Information

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

(Please circle below the primary contact)

Facilities Contact: _____

Title: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Financial Officer: _____

Title: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Additional Contacts:

1. Name: _____

Title: _____

Address: _____

City: _____ Zip: _____

2. Name: _____

Title: _____

Address: _____

City: _____ Zip: _____

Type of Organization (check only one, even if more than one apply):

Health Care Cultural or Scientific Post-Secondary Education Disability Agency

Public Entity Other (please explain): _____

Energy supply used by organization (check as many that apply):

Electricity Gas Oil Propane Steam

Estimated Annual Electricity Usage: \$ _____ Natural Gas: \$ _____

PowerOptions® annual membership fee is based on total annual electricity and natural gas (if applicable) cost which we use as a reflection of the size of your organization. Please check the box corresponding to your organization's usage and return the form with the appropriate annual fee payable to PowerOptions®.

<input type="checkbox"/> Under \$10,000 \$75 annual fee	<input type="checkbox"/> \$10,000 - \$100,000 \$150 annual fee	<input type="checkbox"/> \$100,000 - \$500,000 \$375 annual fee
<input type="checkbox"/> \$500,000 - \$1,000,000 \$750 annual fee	<input type="checkbox"/> Over \$1,000,000 \$1,500 annual fee	

As a PowerOptions® member, your organization agrees to:

- Have its name listed as a potential purchaser of power or other energy products and services;
- Provide necessary information on energy usage and billing to PowerOptions® or its selected energy supplier;
- Appoint a senior-level contact person;
- Receive and fairly consider the PowerOptions® energy supply and services arrangements.

Your institution is not required to make a purchase and this form is not to be construed as an obligation to contract for energy or services through PowerOptions®.

Authorized Officer Signature (CEO, CFO, etc.): _____ Date: _____

Print Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Return to: PowerOptions®, 99 Summer St., Ste. 1040, Boston, MA 02110
Phone: 617.737.8480 Fax: 617.737.8366

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