



# POWER ASSOCIATION OF NORTHERN CALIFORNIA

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

### MEMBER CATEGORY

Please check ONE box that best describes your company.

- Attorney/Legal
- Consumer
- Engineer
- Generator
- Regulator
- Other Vendor
- Consultant
- Energy Services
- Financial/Lender
- Power Marketer
- Utility

All members are listed on the PANC Online Member Directory at [www.panc.org](http://www.panc.org). New members also have the opportunity to receive HALF-PRICE subscriptions on **California Energy Markets** and **California Energy Circuit** newsletters as well as discounts to *California Power Market Forum* and other Platt's conferences.

### ANNUAL DUES

PANC membership is on an annual basis, renewable at the end of the calendar year.

- Individual Membership     \$115
- Group Membership         \$295

for THREE named individuals including primary contact above.

2<sup>nd</sup> Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3<sup>rd</sup> Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### AFFILIATED DISCOUNTS

Please check any of the listed subscription discounts you wish to include with your member dues.

- Subscription to **California Energy Markets** (HALF-OFF regular subscription – first time subscribers only)     \$ 672
- Subscription to **California Energy Circuit** (HALF-OFF regular subscription – first time subscribers only)     \$ 690
- Renewal subscription to **California Energy Circuit** (discount for renewing subscribers)     \$1,295

TOTAL ENCLOSED: \_\_\_\_\_

Check Enclosed

Enclose check payable to PANC and return with completed Application to:

**Power Association of Northern California**  
 356 Montserrat Drive  
 Redwood City, CA 94065  
 (TAX ID#: 94-3038968)

Please charge my:     VISA     MasterCard

Card#: \_\_\_\_\_ Exp. \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FAX to (650) 654-2075 – or return to address at left