



Membership Form

COMPANY INFORMATION

Company Name: _____

First Name _____ Last Name _____

Work Phone _____ Alternate (Cell) Phone _____

Email _____ @ _____

Street: _____

City: _____ State: _____ Zip: _____ # Of Employees: _____

Please also include the following company employees under my membership (limit 4 additional members):

Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail:

My company is a (please select one):

- Home Performance Contractor Energy Audit Company Allied Supporter (General)
 Government Supporter Non-Profit Organization

MEMBERSHIP DUES (PLEASE SELECT ONE OPTION):

For Home Performance Contractors, Energy Audit Companies and General Allied Supporters:

<u>Annual Gross Revenue</u>	<u>Standard Annual Dues</u>	<u>Supporting Sponsor (upgraded membership)</u>
Less than \$250,000	<input type="checkbox"/> \$300/year or <input type="checkbox"/> \$27/month – 12 months	<input type="checkbox"/> \$1,000/year or <input type="checkbox"/> \$84/ month – 12 months
\$250,001 - \$1,000,000	<input type="checkbox"/> \$500/year or <input type="checkbox"/> \$43/ month – 12 months	<input type="checkbox"/> \$1,000/year or <input type="checkbox"/> \$84/ month – 12 months
\$1,000,001 or more	<input type="checkbox"/> \$1,000/year or <input type="checkbox"/> \$84/ month – 12 months	(Automatic Supporting Sponsor)

For Local Government and Non-Profit Allied Supporters:

<u>Standard Annual Dues</u>	<u>Supporting Sponsor (upgraded membership)</u>
<input type="checkbox"/> \$300/yr or <input type="checkbox"/> \$27/ month – 12 months	<input type="checkbox"/> \$1,000/yr or <input type="checkbox"/> \$84/ month – 12 months

PAYMENT

Credit card # _____

Expiration date ____/____/____ Security Code (3-4 digits) _____

Or, I have enclosed a check for the full annual dues amount, made out to: Efficiency First

Please complete this form and return to:

Mail: Efficiency First, 70 Zoe Street, Suite 201, San Francisco, CA 94107

Fax: 415-449-0559