



MARYLAND / DC

## Efficiency First Maryland / DC Chapter – Membership Form

### COMPANY INFORMATION

**Company Name:** \_\_\_\_\_ Please select:  New Member **OR**  Membership Renewal

**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):

<b>Name:</b>	<b>Name:</b>
<b>E-mail:</b>	<b>E-mail:</b>
<b>Name:</b>	<b>Name:</b>
<b>E-mail:</b>	<b>E-mail:</b>

**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"/> \$400/year <i>or</i> <input type="checkbox"/> Contact me about monthly payments	<input type="checkbox"/> \$1,100/year <i>or</i> <input type="checkbox"/> Contact me about monthly payments
\$250,001 - \$1,000,000	<input type="checkbox"/> \$600/year <i>or</i> <input type="checkbox"/> Contact me about monthly payments	<input type="checkbox"/> \$1,100/year <i>or</i> <input type="checkbox"/> Contact me about monthly payments
\$1,000,001 or more	<input type="checkbox"/> \$1,100/year <i>or</i> <input type="checkbox"/> Contact me about monthly payments	(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"/> \$400/year <i>or</i> <input type="checkbox"/> Contact me about monthly payments	<input type="checkbox"/> \$1,100/year <i>or</i> <input type="checkbox"/> Contact me about monthly payments

### 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