



Membership Application

Name of organization, business or individual: _____

For organizations and businesses, name of contact person: _____

Street Address: _____ City: _____ State: ___ Zip Code: _____

Phone number: _____ Fax: _____

Email: _____ Website Address: _____

Membership type: (check one) Class A _____ Class B _____ Associate (Individuals) _____
Dues: Class A, voting \$500.00; Class B, voting \$250.00; Associate, non-voting \$75.00

If a business: Please describe the services provided and include a statement regarding your interest in the ND Alliance for Renewable Energy.

If an organization: Please state the mission of the organization and include a statement regarding your interest in the ND Alliance for Renewable Energy.

If an individual: Please include a statement regarding your personal interest in the ND Alliance for Renewable Energy.

Services: _____

Mission of organization: _____

Statement regarding interest in NDARE: _____

Please send your completed membership application to:

ND Alliance for Renewable Energy
PO Box 50
Bismarck, ND 58502 -0050