



ASSOCIATE MEMBERSHIP

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

Email: _____

Phone: _____ Fax: _____

Website: _____

You will be placed on our mailing list and receive information about ORECA member activities, receive a copy of ORECA's membership directory and regular ORECA communications on issues of interest to the electric cooperatives. Your company will be listed on our website (www.oreca.org) and in our next annual membership directory.

Thank you for your support. Please mark your membership category.

- Individual - \$250**
For individuals who work with or support co-ops (e.g. attorneys, accountants, engineers)

- Non-Profit - \$500**
For non-profit organizations

- For-Profit - \$750**
For-profit companies

Please make your check payable to *ORECA* and send with this form to:

8565 SW Salish Lane, Suite 130
Wilsonville, OR 97070