

MEMBERSHIP APPLICATION

Name of Business _____

Business Address _____ City _____ State _____

County _____ Zip _____

Contact person _____

Phone Number _____, Fax _____ E-mail _____

Website address _____

Nature of Business _____

Pay by credit card:

Name on Credit Card _____

Credit card number _____ Card type _____

Expiration date _____ cvs# (3 digits on back) _____
(AMEX only-4- digit on front)

If paying by credit card, complete form and e-mail to membership@Floridaenergyproducers.com

Membership Dues

***Check membership type below and enclosed corresponding check or submit payment online**

Corporate

Revenues over 5 million ___ \$3,000.00 ___

Revenues under 5 million ___ \$1,500.00 ___

Revenues under 2 million - \$750.00 ___

Other _ \$ 350.00 ___

Auxiliary Energy Development Service Companies

Revenues over 1 Million ___ \$1000.00 ___

Revenues under 1 Million ___ \$700.00 ___

Other _ \$375.00 ___

Individual Membership

Energy Consultant_ \$500.00_____

Professional_ \$250.00 _____

Government/ Non-profits

Organizational_____ \$200.00 _____

Representative__ \$125.00 _____

Solar Installers and solar companies

Solar Company \$100.00 _____

Solar Installer \$60.00 _____

Educational/Supporters

Educators__ \$50.00_____

Students_____ \$25.00_____

Supporter_____ \$25.00_____

Make check payable to:
Florida Renewable Energy Producers Association
Mail To: 4005 Brandon Hill Dr , Tallahassee, Florida 32309