



AMERICAN POWER DISPATCHERS ASSOCIATION INC.

System Operators

GENERATION — TRANSMISSION — DISTRIBUTION



APDA MEMBERSHIP APPLICATION

(Date)

I, _____, having read the By-laws of the American
(Please print or type name)

Power Dispatchers Association Inc., hereby make application for membership. If accepted as a member, I agree to abide by all Articles of the By-laws. Dues for the current year are enclosed.

I am employed by _____
(Name Utility or Company)

My work address is _____
(Number and Street)

_____, _____, _____
(City) (State) (Zip Code) (Work Phone)

My job title is _____

My home address is _____
(Number and Street)

_____, _____, _____
(City) (State) (Zip Code) (Home Phone)

Please enroll me in NWAPDA as a ____ Regular or ____ Associate member

(Significant Other's 1st Name) (Applicants e-mail Address)

Endorsed by _____
(Member approving eligibility)

Approved by National Board of Trustees on _____
(Date)

Attest _____
(National Secretary)