



Membership Application

Please Print

Name: _____ **Title:** _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ - _____

Phone: (_____) _____ - _____ **Fax:** (_____) _____ - _____

Email: _____ **Web Address:** _____

Year Established in Arizona: _____ **Number of Employees:** _____

Parent Company (if applicable): _____

Geographic Market Area Served:

- Arizona
 S.W. USA
 USA
 International
 I would like my organization web site to be hyper-linked and profiled in ETIC web

Products or Services (SIC codes): _____

Annual Membership Dues (1 year membership starting on date payment received)

Check the appropriate category:

- | | |
|--|-------|
| <input type="checkbox"/> Student Membership | \$50 |
| <input type="checkbox"/> Individual/Small Firms (1-30 employees) | \$100 |
| <input type="checkbox"/> Medium Firms (31-75 employees) | \$250 |
| <input type="checkbox"/> Large Firms (76+ employees) | \$500 |

Your Organization Type (check all that apply):

Industry Participants:

- | | |
|---|---|
| <input type="checkbox"/> Alternative Energy | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Recovery/Remediation |
| <input type="checkbox"/> Renewable Energy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pollution Control | (please specify) |

Associate Participants:

- | | |
|--|---|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> University/Education |
| <input type="checkbox"/> Financial/Legal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Government | (please specify) |

- Will pay by Check** (Made payable to ETIC)
 Will pay by Credit Card:

Credit Card # : _____ **Exp. Date:** _____

Name on Card: _____ **Signature:** _____

FAX Completed Application with Credit Card Payment to 602-296-0199

OR MAIL with Check Payment to: ETIC, P.O. Box 66076, Tucson, Arizona 85728-6076

Telephone: (520) 615-3535