



# MEMBERSHIP APPLICATION

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name/Designations: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Province/County/Zip or Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Toll-Free: \_\_\_\_\_ Referred By (Name/Company): \_\_\_\_\_

## SELECT CATEGORY OF MEMBERSHIP

 Memberships paid September–December expire the end of the following year.

### GENERAL MEMBER

Companies that provide or contract labor, materials, or design/consulting services for the purpose of providing lighting maintenance services including: electrical contractor, energy service company (ESCO), lighting maintenance service, lighting & energy consultants.

<b>General Member Annual Dues:</b>	September–April	May–August
76 + Employees	\$2,700.00	\$1,350.00
26–75 Employees	\$2,100.00	\$1,050.00
16–25 Employees	\$1,500.00	\$750.00
6–15 Employees	\$1,000.00	\$550.00
1–5 Employees	\$800.00	\$400.00

### ASSOCIATE MEMBER

Specialty lighting distributor, manufacturer, utilities, or associations.

<b>Associate Member Annual Dues:</b>	September–April	May–August
	\$1,250.00	\$625.00

### PROFESSIONAL MEMBER

A professional member is an individual not otherwise eligible for general membership. Lighting professions, such as corporate or professional energy managers and lighting designers, may qualify as professional members.

<b>Professional Member Annual Dues:</b>	September–April	May–August
	\$250.00	\$125.00

## SERVICES RENDERED

(please indicate all that apply):

- Aerial Trucks
- Distributor
- Electrical Contractor
- Equipment and Tool Sales
- Lighting Contractor
- Lighting Controls
- Lighting Design
- Manufacturer
- Sign Contractor
- Vehicle Sales

## REMIT THIS FORM WITH YOUR PAYMENT TO NALMCO:

1255 SW Prairie Trail Parkway • Ankeny, Iowa 50023  
Phone: (515) 243-2360 • Fax: (515) 334-1174  
E-mail: [memberservice@nalmco.org](mailto:memberservice@nalmco.org) • [www.nalmco.org](http://www.nalmco.org)

Federal statutes require this notice: Contributions, gifts, or dues paid to NALMCO® are not deductible as charitable contributions for federal income tax purposes, but may be deductible as a business expense.

## TO CHARGE PAYMENT FOR MEMBERSHIP DUES, PLEASE COMPLETE THE FOLLOWING:

- MasterCard     Visa     American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Amount of Charge: \_\_\_\_\_

Signature: \_\_\_\_\_

**ADDITIONAL REPRESENTATIVES** at main office to receive mailings and information and to be included in membership directory.

Name: \_\_\_\_\_ Designation(s): \_\_\_\_\_

Position/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Designation(s): \_\_\_\_\_

Position/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ADDITIONAL BRANCH OFFICES AND REPRESENTATIVES**

Name/Designation(s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name/Designation(s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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