



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.

General Member Annual Dues:	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	\$1,100.00	\$550.00
1–5 Employees	\$800.00	\$400.00

ASSOCIATE MEMBER

Specialty lighting distributor, manufacturer, utilities, or associations.

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

PROFESSIONAL MEMBER

A Professional Member is an individual not otherwise eligible for General or Associate membership. Lighting professionals, such as corporate or professional energy managers and lighting designers, qualify as professional members.

Professional Member Annual Dues:	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 • 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: _____

Email Address: _____

**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 • 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.