



Membership Application

To fax or email application, please use the contact information below.

Primary Representative for Your Organization

First Name	Last Name
Email	Phone

Headquarters Information

Company/Organization Name (as you want it to appear publicly)	
Description (We'll post this in the newsletter and online.)	
Number of Employees	
Street Address	
City	State/Province
ZIP/Postal Code	Country

American Biogas Council

1211 Connecticut Ave. NW Suite 650, Washington, DC 20036

Phone 202.640.6595 | Fax 202.223.5537

Email: info@americanbiogascouncil.org | Web: www.americanbiogascouncil.org

Please provide the addresses where your other North American offices are located. Please include CITY, STATE/PROVINCE and ZIP CODE of all addresses provided

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Enter emails for other colleagues in your organization who should receive the semi-monthly, members only "Biogas News" newsletter (no limit):

Name	Email

Industry Category - Check ALL that apply

- Accounting Firm
- Anaerobic Digester... System Designer/ Project Developer/ Manager/ Installer/ Construction/ EPC/ Operator/ Maintenance
- Equipment Suppliers/ Sales/ Manufacturers (engines, fuel cells, mixers, grinder, gas upgrading, supply chain, etc.)
- Legal/ Insurance/ Lobbying/ Investment & Finance
- Engineering/ Technology Development
- Farm
- Wastewater Treatment Facility
- Waste Management Company (e.g. waste collector, landfill operator, etc.)
- Research/ Analysis
- Consultant
- Environmental Commodity Management (e.g. carbon credit trader)
- Utility
- Municipality
- Training/ Educational Resource Development/ University/ Academic Institution
- Non-Profit Organization
- Government Agency: State, Federal, County/Local
- Public Relations/ Marketing
- Natural Gas Distributor
- Event Organization/ Planning

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- Media
- Other (Please describe below)

Customer Types - Check ALL that apply

- Farms/ Agriculture
- Wastewater (Municipal or Manufacturing)
- Urban waste: landfills
- Urban waste: restaurants/ groceries
- Urban waste: yard clippings
- Manufacturing waste: food processing
- Manufacturing waste: biofuels
- Other (Please describe below)

Membership Level - Check one

Sustaining Member

- \$12,600 (Sustaining Members receive an automatic seat on the Board of Directors for each year their organization is a member at this level.)

Industry, International and Renewable Energy Organizations

- \$11,900 (\$40.0 Million+ in North American Biogas-Related Revenue)
- \$9,300 (\$10.0-\$40.0 Million in North American Biogas-Related Revenue)
- \$5,300 (\$2.5-\$10 Million in North American Biogas-Related Revenue)
- \$2,700 (\$1.0-\$2.5 Million in North American Biogas-Related Revenue)
- \$1,900 (0-\$1.0 Million in North American Biogas-Related Revenue)
- \$800 (Distributor/Dealer - not eligible to vote. Must distribute or vend products supplied by a current ABC member)
- \$550 (Farmers and Sole Proprietors with North American Biogas-related Revenue < \$500k)

Includes Equipment Companies, Operators, Current and Future Plant Owners and Feedstock Providers (including agricultural growers, producers and processors), Contractors, Renewable Energy Customers, including Utility & Pipeline companies. US AD-related revenue (most recent full year); includes gas sales, electricity sales, service sales, sale of equipment, operations and maintenance fees.

Professional Service Firms

- \$1,900 (Media, Law Firms, Financiers, Engineering, and Accounting Firms)

Public, Academic and Not-for-Profit Organizations (dues in this category will not be used for lobbying)

- \$750 (Not-for-Profits, Academic Institutions)
- \$550 (Public Entities, Federal/State/Local Government Agencies, Municipalities, etc.)
- \$400 (Other Individuals in Not-for-Profit Sector)
- \$75 (Students: non-voting)

I understand this membership will be valid through December 31st and I will receive a renewal notice for the next calendar year.

PLEASE INITIAL: _____

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Payment Information

Payment Type - Check one

- Credit Card
- Check (payable to American Biogas Council)
- Invoice/PO
- Wire Transfer

Credit Card - Check one

- American Express
- MasterCard
- Visa
- Discover

Credit Card Number	
Card ID Number (CVV)	Expiration Date (mm/yy)
Name on Card	
Signature	

- By checking this box, I certify that the information I have provided is correct to the best of my knowledge.

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