

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 wan	t it to appear publicly)	
Description (We'll post this in the newslett	er and online.)	
Number of Employees		
Street Address		
City	State/Province	
7IP/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		
	nails for other colleagues in your organization who should receive -monthly, members only "Biogas News" newsletter (no limit):	
Name	Email	
	<u>'</u>	
	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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	Ц	Media
		Other (Please describe below)
Cust	om	er 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)
Sustair	ning \$13 eac \$13 \$10 \$10 \$5, \$2, \$2, \$90 \$10 \$50	rship Level - Check one Member 3,900 (Sustaining Members receive an automatic seat on the Board of Directors for the year their organization is a member at this level.) International and Renewable Energy Organizations 3,100 (\$40.0 Million+ in North American Biogas-Related Revenue) 0,300 (\$10.0-\$40.0 Million in North American Biogas-Related Revenue) 1,800 (\$2.5-\$10 Million in North American Biogas-Related Revenue) 1,900 (\$1.0-\$2.5 Million in North American Biogas-Related Revenue) 1,00 (0-\$1.0 Million in North American Biogas-Related Revenue) 1,00 (Distributor/Dealer - not eligible to vote. Must distribute or vend products opplied by a current ABC member) 1,00 (Farmers and Sole Proprietors with North American Biogas-related Revenue < 1,00 (Farmers, Operators, Current and Future Plant Owners and Feedstock Providers (including)
agricultu companie	ral gr es. Us	owers, producers and processors), Contractors, Renewable Energy Customers, including Utility & Pipeline S AD-related revenue (most recent full year); includes gas sales, electricity sales, service sales, sale of perations and maintenance fees.
Profess		al Service Firms 100 (Media, Law Firms, Financiers, Engineering, and Accounting Firms)
lobbyir	99) \$90 \$70 \$40 \$7! nde	demic and Not-for-Profit Organizations (dues in this category will not be used for 00 (Not-for-Profits, Academic Institutions) 00 (Public Entities, Federal/State/Local Government Agencies, Municipalities, etc.) 00 (Other Individuals in Not-for-Profit Sector) 5 (Students: non-voting) rstand this membership will be valid through December 31st and I live a renewal notice for the next calendar year. NITIAL:

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Payment Information Payment Type - Check one ☐ Credit Card ■ Invoice/PO ☐ Check (payable to American Biogas Wire Transfer Council) Credit Card - Check one ■ American Express ■ Visa ■ MasterCard Discover Credit Card Number Card ID Number (CVV) Expiration Date (mm/yy) Name on Card Signature

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

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