



A program of the Maine Health and Higher Educational Facilities Authority and the Maine Municipal Bond Bank

127 Community Drive, P.O. Box 2268 Augusta, Maine 04338-2268 1-877-852-3332 (207) 621-0744 FAX: (207) 623-5359

## Intent to Participate - Membership Application

(Fill in legal name of applicant organization)

chooses to participate in the Maine PowerOptions - Non-Profit Energy Purchasers Consortium, and agrees to:

- Have its name listed as a potential purchaser of power or other energy products and services;
- Provide necessary information on energy usage and billing to Maine PowerOptions, or its selected power supplier(s);
- Appoint a senior-level contact person; and
- Receive and fairly consider Maine PowerOptions' energy supply and services arrangements.

NOTE: Your institution is not required to make a purchase commitment and this form is not to be construed as an obligation to contract for energy or services through Maine PowerOptions until you sign an energy supply contract, including all terms and conditions, the service package, and guarantees of financial security and reliability.

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
**Authorized Officer Signature** (CEO, CFO, etc.): \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_  
 Organization Type: (check one):  Municipality  Municipal Water  Municipal Sewer  
 Educational  Healthcare  Other (please explain) \_\_\_\_\_

**Contact Person for this project:** \_\_\_\_\_  
 Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 FAX: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Send one copy of an electric bill for each of the Organization's electricity accounts with this form\*\***

Please indicate approximate annual usage of Electricity (in \$): \$ \_\_\_\_\_  
(required from all applicants)

Name of Electric Utility (Utilities) \_\_\_\_\_

Does the institution have self-generation capacity?  yes  no list-kW of self generation \_\_\_\_\_