



EUTC Associate Membership Application

Primary Contact / Board Representative Information

Name _____

Title _____

Company _____

Mailing Address _____

Alternate Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Phone _____ Fax _____

VAT Number _____

E-mail Address _____ Company Web-site Address _____

EUTC Charter Membership

All European utilities, energy companies, and other critical infrastructure companies are invited and encouraged to join this special EUTC program as Charter European Members. Charter Members are granted a seat on the EUTC Board of Directors, reserved for an executive representative from the EUTC Charter Member company.

Which of the following best describes your company's primary businesses? (Check all that apply)

Services:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Pipeline |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Telecom Svc. Provider |
| <input type="checkbox"/> Generation | <input type="checkbox"/> Water / Wastewater |
| <input type="checkbox"/> Petroleum | <input type="checkbox"/> Other |

Additional Contact Information

Name _____

Title _____

Company _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Phone _____ Fax _____

E-mail Address _____

Membership Fee

Amount Due: €5,000

- Bank/wire transfer of funds.

Please send the total amount in Euro € net of all bank charges, with reference "EUTC Membership 2008" to: KBC, Avenue Brugman 12, BE-1060 Brussels, Belgium; bank account: 733-043-0975-34, SWIFT/BIC: KREDBEBB 100, IBAN BE68 7330 4309 7534

- Please charge my credit card:

- Visa Mastercard American Express

Cardholder's Name _____

Card Number _____ Expiration Date _____

Billing Address _____ Zip/Postal Code _____

Cardholder's Signature _____

To Join Now:

MAIL: Payment with enrollment form to:
EUTC Membership
287 Avenue Louise, 2nd Floor
1050 Brussels
Belgium

FAX: Enrollment form to:
+32.2.645.26.71, ATTN: EUTC

Additional Contact Information

Name _____

Title _____

Company _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Phone _____ Fax _____

E-mail Address _____