



SGIP
401 Edgewater Place Suite 600
Wakefield, MA 01880
P: +1-781-876-8857
F: +1-781-623-0740
sgip.org

SGIP Membership Application

Please complete and submit an executed (signed) counterparts of this application.

Membership Term: Membership is on a pro-rated calendar basis for memberships \$10,000 and above. All other membership levels are on an anniversary basis from the date the membership commences.

Mail to:
SGIP
401 Edgewater Place, Suite 600
Wakefield, MA 01880

Email to: membership@sgip.org

SGIP is a not-for-profit membership corporation incorporated in the state of Delaware which intends to apply for exemption from taxation in the United States under Internal Revenue Service Code Section 501(c)3.

Company Applicant Information

Company Name: _____

Company Address: _____

Company URL: _____

Contact Information

Primary Membership Contact

Name: _____

Title: _____

Address: _____

Email: _____

Phone: _____ Fax: _____



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Public Relations Contact

Name: _____
 Title: _____
 Email: _____
 Phone: _____ Fax: _____

Additional Company Representatives Information

Alternate Representative

Name: _____
 Title: _____
 Email: _____
 Phone: _____ Fax: _____

Company Representatives - Applicants may designate additional representatives (aside from Primary and/or Alternate Representative) to participate in SGIP on its behalf. The following persons are so designated.

(Principal – unlimited, Affiliate – up to 20, Associate – up to 10, Supporter – up to 10 additional)

Name: _____ Phone: _____ Title: _____ Email: _____
 Name: _____ Phone: _____ Title: _____ Email: _____
 Name: _____ Phone: _____ Title: _____ Email: _____
 Name: _____ Phone: _____ Title: _____ Email: _____
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 Name: _____ Phone: _____ Title: _____ Email: _____
 Name: _____ Phone: _____ Title: _____ Email: _____

To add additional representatives, please send their name, phone number, title and email address to membership@sgip.org.



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Membership Level & Dues

Please select a membership level below based on revenue. Descriptions of the benefits included in each level are listed in Table 1. *(Associate & Supporter members, please select a type below).*

	Principal		\$20,000	Companies with Greater than \$500 Million in Revenue
	Affiliate		\$10,000	Companies with Less than \$500 Million in Revenue
	Associate	Gov't <hr/> Associations <hr/> ISOs <hr/> Small Business <hr/> Muni/Coop <hr/> International	\$3,000	Companies with Less than \$10 Million in Revenue Any business entity that does not operate within North America is eligible to apply to become an International Member.
	Supporter	Companies with less than 5 employees <hr/> Universities <hr/> Utility Regulators	\$1,000	Companies with Less than \$5 Million in Revenue

Industry

Please select your company's industry below.

- | | | |
|-----------------------------|---|----------------------|
| Association/Society | Gas Utility | Lab/Research |
| Bank/Financial Services | Management Consultant | Educational/Academic |
| Contractor/Constructor | Integrated Gas Utility and Gas Pipeline | Law Firm |
| Developer/Independent Power | Investor Owned Utility | Vendor |
| Producer | Water Utility | Government |
| Energy Consultant | Municipal System | Other |
| | Rural Electric Co-Op | |



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Membership Interest Categories

Please select one of the following interest categories. Additional descriptions of Interest Categories is available on the SGIP website: www.sgip.org.

Asset Owners

Consumer, Policy & Government

Manufacturers

Service Providers & Systems Administrators

SDOs and Consortia

Payment Information

Choose One of the Following Payment Methods

Note: Payment is due within 45 days of submission of the completed application in order to continue to be a member in "Good Standing".

CHECK: Enclose check (*Payable to SGIP; U.S. dollars*) and mail with a signed copy of this form to 401 Edgewater Place, Suite 600, Wakefield, MA 01880.

SEND INVOICE

Billing Contact

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

The Applicant acknowledges and agrees that, when signed and accepted by SGIP, this application represents an agreement between the parties and commits the Applicant to (i) payment of annual Membership dues and fees as determined from time to time by the Board of Directors and (ii) comply with all the terms and conditions of SGIP's Certificate of Incorporation and Bylaws (the Applicant hereby acknowledging receipt of copies of these documents) and such rules and policies as the Board of Directors and/or committees may from time to time duly adopt. If the Applicant is applying for a category of membership with dues determined by its revenues, it certifies that it has accurately reflected its revenues or annual operating budget (if a non-revenue-generating

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organization) in calculating the fees payable by it as selected above. It also signifies Applicant's consent to the delivery by SGIP of notices to the undersigned, and its representatives, by email or any other means of electronic transmission from time to time chosen by SGIP.

SGIP may elect to avail itself of certain protections offered by the National Cooperative Research and Production Act of 1993, as amended (the "NCRPA"), which requires disclosure of the names of all members of SGIP. Accordingly, the undersigned hereby appoints and authorizes such person who shall be the President or Chairperson or acting President or Chairperson of SGIP, as the undersigned's true and lawful attorney-in-fact solely to (1) notify government agencies of the undersigned's membership in SGIP, as and when required by the NCRPA, (2) make, approve the form of, execute and deliver filings with government agencies on behalf of SGIP and on behalf of the undersigned as a member of SGIP indicating such membership, as and when required by the NCRPA, (3) receive notifications pursuant to the NCRPA on behalf of SGIP and on behalf of the Applicant as a member of SGIP, and (4) authorize and direct other officers of, and/or counsel to SGIP, to do any of the foregoing acts, as and when required by the NCRPA. SGIP will forward to the undersigned any notifications that it receives which are other than normal confirmations of filings and other administrative notices relating to all members.

This application and Applicant's obligations hereunder may be terminated by Applicant at any time by providing written notice of termination to SGIP. Applicant acknowledges that any fees due or paid for the remaining months of the annual membership period will **not** be refunded if membership is terminated before the end of the annual membership period.

Applicant's above-noted Primary Membership Contact will be the individual to which all legal and financial notices from SGIP will be sent via e-mail unless directed otherwise.

Applicant Authorization:

Accepted:

SGIP

By: _____
(signature)

By: _____
(signature)

Name: _____

Name: _____

Title: _____

Title: _____

Email: _____

Date: _____

Phone: _____

Date: _____



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Membership Benefits	Membership Level			
	Supporter \$1,000	Associate \$3,000	Affiliate \$10,000	Principal \$20,000
Access to conduct or cohost a free webinar			✓	✓
Free access to SGIP F2F meetings				1
Free registration to Annual Conference				1
Ability to vote on standards	✓	✓	✓	✓
Peer-to-peer networking opportunities	✓	✓	✓	✓
A vote on technical issues by participating in Committees & Task Groups	✓	✓	✓	✓
Company name on website	✓	✓	✓	✓
Access to SGIP web portal	✓	✓	✓	✓
Can vote on Board of Directors & serve on Nominating & Governance Committee	✓	✓	✓	✓
Can be a candidate for the Board of Directors	✓	✓	✓	✓
Access to Board materials	✓	✓	✓	✓
Member committee chair or vice chair candidate right	✓	✓	✓	✓
Right to serve as a liaison to other orgs for SGIP	✓	✓	✓	✓
Use of SGIP Logo	✓	✓	✓	✓
Propose specifications	✓	✓	✓	✓
Receive Member Newsletter	✓	✓	✓	✓
Participation in Interoperability events	✓	✓	✓	✓
Co-marketing opportunities			✓	✓
Discount to Annual Conference	✓	✓	✓	✓
Membership access	10	10	20	Unlimited
Eligibility for Member spotlight			✓	✓
Dedicated SGIP Staff hours to support member projects			12	40
Initiate work on Working Groups		✓	✓	✓
Access to technical support, training, & tools that facilitate more effective design & implementation of OpenFMB		✓	✓	✓
	Companies w/less than 5 Employees, Universities, & Regulators	Small Businesses, Government, Associations, ISO, Coop or Municipal, International	Affiliate	