



*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): <input type="checkbox"/> Municipality <input type="checkbox"/> Municipal Water <input type="checkbox"/> Municipal Sewer <input type="checkbox"/> Educational <input type="checkbox"/> Healthcare <input type="checkbox"/> 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 _____