



Membership Information

Membership Categories

- Full, advising member, greater than 2,000 Lineworkers
- Full, advising member, less than 2,000 Lineworkers
- Associate, participating member
- Technical School or College member
- Subscribing member

I. Full, advising member (2,000 Lineworkers +):

- Advisory Board Eligibility
- Committee participation
- Access to members - only website features
- Quarterly Newsletter
- Updates on regulatory issues
- Discounted professional services
- Discounted safety products

Dues:

Annual Dues : \$1,500

II. Full, advising member (Less than 2,000 Lineworkers):

- Advisory Board Eligibility
- Committee Participation
- Access to member - only website features
- Quarterly Newsletter
- Updates on regulatory issues
- Discounted professional services
- Discounted safety products

Dues:

Annual Dues : \$750

III. Associate Participating Member:

- Committee participation
- Access to members - only website features
- Quarterly Newsletter
- Updates on regulatory issues
- Discounted safety products

Dues:

Annual Dues: \$375

IV. Technical School or College Member (non-profit status required):

- Committee Participation
- Access to members - only website features
- Quarterly Newsletter
- Updates on regulatory issues
- Discounted safety products

Dues:

Annual Dues (Institution): \$250 (includes one faculty member)

Annual Dues (each add'l faculty member): \$50

V. Subscribing Member:

- Access to members-only website features
- Quarterly Newsletter
- Updates on regulatory issues
- Discounted safety products

Subscription Fees: \$150 annually

Membership Application

Organization Name: _____

Representative(s)

(name) _____ / (title) _____
Mailing Address: _____
E-Mail Address: _____ / _____
Phone: Office: _____ Cell: _____

(name) _____ / (title) _____
Mailing Address: _____
E-Mail Address: _____ / _____
Phone: Office: _____ Cell: _____

(name) _____ / (title) _____
Mailing Address: _____
E-Mail Address: _____ / _____
Phone: Office: _____ Cell: _____

(name) _____ / (title) _____
Mailing Address: _____
E-Mail Address: _____ / _____
Phone: Office: _____ Cell: _____

Membership Category: _____ 1st Yr. Dues

I. Full, Advising Member (2000 Lineworkers +) _____

II. Full, Advising Member (Less than 2,000 Lineworkers) _____

III. Associate Participating Member: _____

IV. Technical School or College Member: _____

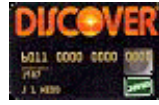
IV. Subscribing Member: _____

To pay by Credit Card see next page

Forward completed form along with check for 1st year's dues to:



5501-A John Eskew Blvd., Alexandria, LA 71303
Phone: 866-880-1380 Fax: 318-767-5804



(circle one)

Company: _____

Amount authorized to charge: \$ _____ ISPC Membership Dues

Account #: _____

Exp. Date: _____ 3 Digit LOC # _____

Signature: _____

FAX this order to: ISPC, attn: Wanda Schenk
*Fax # **318-767-5804***