



# Member Representative Designation Form

Organization Name \_\_\_\_\_ Acronym \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Website \_\_\_\_\_ CEO \_\_\_\_\_  
 Current Member Representative \_\_\_\_\_ Organization \_\_\_\_\_  
 Completing this Form \_\_\_\_\_ Phone Number \_\_\_\_\_

## Company Voting Category (select one)

Transmission Customer / Interested Stakeholder  
 State/Provincial Regulator

Transmission Provider / Interested Stakeholder  
 Other \_\_\_\_\_

## Company Voting Class (select one)

Class 1      Class 2      Class 3      Class 4      Class 5      Class 6      Class 7

Member Representative		Member Representative Alternate	
Name _____	Title _____	Name _____	Title _____
Address _____	City/ State/ Zip code _____	Address _____	City/ State/ Zip code _____
E-mail _____	Phone _____	E-mail _____	Phone _____
Market Interface Committee Member		MIC Member Alternate	
Name _____	Title _____	Name _____	Title _____
Address _____	City/ State/ Zip code _____	Address _____	City/ State/ Zip code _____
E-mail _____	Phone _____	E-mail _____	Phone _____
Operating Committee Member		OC Member Alternate	
Name _____	Title _____	Name _____	Title _____
Address _____	City/ State/ Zip code _____	Address _____	City/ State/ Zip code _____
E-mail _____	Phone _____	E-mail _____	Phone _____
PCC Member		PCC Member Alternate	
Name _____	Title _____	Name _____	Title _____
Address _____	City/ State/ Zip code _____	Address _____	City/ State/ Zip code _____
E-mail _____	Phone _____	E-mail _____	Phone _____

Current Member Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_



Click the "Submit" button or email to [membership@wecc.biz](mailto:membership@wecc.biz)