

# Member Representative Designation Form



Acronym \_\_\_\_\_ Current Member Representative Completing this Form \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Web Site: \_\_\_\_\_ Name of CEO: \_\_\_\_\_

**Company Voting Category (please check one)**

Transmission Customer / Interested Stakeholder  
 State/Provincial Regulator

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

**Company Voting Class (please check one)**

CLASS 1      CLASS 2      CLASS 3      CLASS 4      CLASS 5      CLASS 6      CLASS 7

Member Representative	Member Representative Alternate
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
E-mail Address: _____	E-mail Address: _____
Phone: _____	Phone: _____

Market Interface Committee Member	MIC Member Alternate
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
E-mail Address: _____	E-mail Address: _____
Phone: _____	Phone: _____

Operating Committee Member	OC Member Alternate
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
E-mail Address: _____	E-mail Address: _____
Phone: _____	Phone: _____

PCC Member	PCC Member Alternate
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
E-mail Address: _____	E-mail Address: _____
Phone: _____	Phone: _____

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

**CLICK HERE TO SUBMIT FORM OR E-MAIL TO [membership@wecc.biz](mailto:membership@wecc.biz)**

FOR OFFICE USE ONLY				
DATE RECEIVED _____	RECEIVED BY _____	DATABASE _____	WEBSITE _____	EXCHANGE _____
				FOLDER _____