

LAWEA MEMBERSHIP APPLICATION



Please fax this completed application to LAWEA at +52-33-38178300 or return by e-mail to info@lawea.org.
 If you have any questions, please contact us to info@lawea.org or +52-33-38178300.

DATE: _____

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ COUNTRY: _____ PHONE: _____ FAX: _____

E-MAIL: _____ WEB: _____

SELECT A CATEGORY FOR YOUR MEMBERSHIP:

Member Categories	Membership Criteria**	Anual Dues*	
		Latinoamerican	non Latinoamerican
Corporate (CO1)	<1 million (USD)	\$ 1,000	\$ 1,500
Corporate (CO2)	1 – 10 millions	\$ 2,000	\$ 3,000
Corporate (CO3)	10 – 25 millions	\$ 4,500	\$ 6,000
Corporate (CO4)	25 – 100 millions	\$ 9,000	\$ 12,000
Corporate (CO5)	>100 millions	\$ 15,000	\$ 20,000
Public Institutions (PNW)	No Wind	\$ 1,000	\$ 1,500
Public Institutions (PW)	Wind	\$ 5,000	\$ 7,000
National Association (NA)		\$ 1,000	\$ 1,500
Continental Association (CA)		\$ 2,000	\$ 3,000
Non Profit / Academic (NP)		\$ 150	\$ 200
Sponsor (S)		\$ 20,000	\$ 30,000

*Prices in USD

**Corporate membership criteria (CO) is based upon company revenues

Please provide a brief description of your company and its main activities:

Payment Information Total Dues: \$ _____

Deposit

Please make a deposit to **Wind Energy Association Latin America A.C.** in the following counts:
 Banco Santander (**México**), in USD: 82500382246 or in Mexican pesos: 65502114387

Credit Card

Card Number: _____ Expiration Date: _____ Security Code: _____
 Name on card: _____ Visa: _____ Master Card: _____

Signature of this form represents a binding contract and that you are agree with the terms and conditions of LAWEA membership.

 Signature