



Institute of Power Engineers
Corporate Membership Application Form

Name of Corporation				
Location/Plant Name				
Date		IPE Branch		
List the full name of all employees who will be entitled to Membership under this application. (There must be a minimum of five (5) employees listed to qualify for the Corporate Membership. If more room is needed, please attach another sheet to this form.)				
First Name	Last Name	Position Held	Certificate Class	E-Mail
Signed		Title		
Signed		Title		
Note 1: Each employee listed here must also complete and submit a Membership Application Form (MM/F1 before his/her Membership can be accepted.				
Note 2: The Corporation will be responsible for the Membership dues for all employees listed here, with a 20% discount over the current dues schedule.				

Name of primary contact for corporate membership:

(First Name, Last Name)

email