
Labor and Employee Relations Group

Membership Application

Please complete this form and return to:

Bonnie McCombs

bonnie@nwppa.org

fax: 360-254-6731

Name of Utility _____

Type of Utility:

Municipal PUD Cooperative Investor-owned Government Other

Number of Utility Employees

1-30 31-69 70-149 150-900 901-7000

Key Contact Person for this group

Who will be your main contact person for receiving invoices and communications and for granting permission to add other labor and employee relations personned from your utility to the listserv and newsletter list?

Name _____ Job title _____

Address _____

City _____ St. _____ Zip _____

Phone _____ Fax _____

e-mail _____ Web site _____

Journeyman Lineman Survey Key Contact Person

Who should receive the annual questionnaire to be filled out and returned for the journeyman lineman survey?

Name _____ Job title _____

Address _____

City _____ St. _____ Zip _____

Phone _____ Fax _____

e-mail _____ Web site _____