



**MEMBER INFORMATION DATA FORM**

Please check one:  Full Membership  Associate Membership  Small Business \*

\* **For small business membership, please complete:** Our company performs work for DOE as a small business operating under NAICS Code \_\_\_\_\_, with a revenue ceiling of \$ \_\_\_\_\_.

Date: \_\_\_\_\_ DOE Site/Facility Name: \_\_\_\_\_

Company Name (as it should appear in the roster): \_\_\_\_\_

**Mail Address**

POB/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Delivery Address (if other than Mail Address)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone No: \_\_\_\_\_

**EFCOG Representative (voting member):**

Full Name: \_\_\_\_\_ Mr.  Ms.  Dr.

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Are you a registered lobbyist? Yes  No

**Representative's Executive Assistant:**

Full Name: \_\_\_\_\_ Mr.  Ms.  Dr.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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If you have questions, please contact: Bonnie Bergey, EFCOG Administrator  
PO Box 4111, Alexandria, VA 22303  
Phone: 703-836-0396

Please return completed data form by e-mail to [bsb@longenecker-associates.com](mailto:bsb@longenecker-associates.com)

*EFCOG Member Information Data Form*

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If you have personnel from your company wanting to participate in the EFCOG working groups, please designate them below. **If not, you may designate working group participants later.**

WORKING GROUP	NAME	PHONE	E-MAIL	LOCATION (if different from mail address)
Project Delivery				
Safeguards & Security				
Safety				
Waste Management				

**MEMBER PROFILE**

In order to maintain an accurate profile on EFCOG member companies, we ask that you provide a brief summary of the following:

1. **What your company does** (e.g. Production, R&D/Technology Development, Waste Management/Storage, D&D/Restoration, etc.) \_\_\_\_\_

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2. **DOE Programs that your company supports** (e.g. EM, SC, NNSA, etc.) \_\_\_\_\_

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3. **Is your company a small business?** Yes  No

4. **What qualifies your company as a small business?** \_\_\_\_\_

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