



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: _____

If you have questions, please contact: Jenny Kerksick, 865-685-0714

Please return completed data form by e-mail to jkerksick@la-inc.com

EFCOG Member Information Data Form

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				
Training				
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.) _____

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

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

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

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