



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): _____

Mailing Address

Street: _____

City: _____ State: _____ Zip: _____

EFCOG Representative (voting member): Full

Name: _____ Mr. ☐ Ms. ☐ Dr. ☐

Title: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Mail Stop: _____

E-Mail: _____ Cell: _____

Are you a registered lobbyist? Yes ☐ No ☐

Representative's Executive Assistant:

Full Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Accounting / Accounts Payable Representative:

Full Name: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail: _____

If you have questions, please contact: Christine Frei, 804-263-4591

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

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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