



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: _____

Phone: _____ Cell: _____

E-Mail: _____

Are you a registered lobbyist? Yes No

Representative's Executive Assistant:

Full Name: _____

Phone: _____ E-Mail: _____

Accounting / Accounts Payable Representative:

Full Name: _____ Phone: _____

Cell: _____ E-Mail: _____

Please let us know how you learned about EFCOG.

If you have questions, please contact: Christine Frei, staff@efcog.org

Please return completed data form by e-mail to staff@efcog.org

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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