OMA Energy Group ENROLLMENT FORM



\checkmark	Yes.	please	enroll	our	com	panv	in t	he (AMO	Energy	Groun	o!
	. 00,	pioaco	01111 011	-	99	Jan			• · · · · ·		a. 0 a l	-

Check the appropriate level of fees using the sum total annual Kilowatts used by all of the facilities you are enrolling:

/								
√	kWh Usage per Year	Annual Fee						
	700,000 – 2,500,000	\$5,000	The more you have at risk, the greater your need for protection.					
	2,500,001 - 50,000,000	\$12,000	your need for protection.					
	50,000,001 - 100,000,000	\$25,000	Participants must be members in good standing of the OMA to participate in					
	100,000,001 - 500,000,000	\$40,000	the OMA Energy Group .					
	500,000,001 and up	\$50,000						
Compan	y name							
lame of	primary contact							
itle								
Address								
Address								
City, Stat	e, Zip							
Phone								
Email								
Please (complete the following for ea	ach facility you are e	enrolling: > over to add more faciliti					
ı			2					
cility name		: i	Facility name					
dress			Address					
dress			Address					
ty	State	: :	City State Zip					
ımber of em	ployees Annual Kilowatt Hour Usage L	ast Year : I	Number of employees Annual Kilowatt Hour Usage Last Year					
	ame Electric tariff nu	mber : I	Electric tariff name Electric tariff number					
ctric tariff n			Electric utility serving this location					
ectric tariff na	serving this location	; i	Electric utility serving this location					

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3				4				
Facility name				Facility name				
Address				Address				
Address				Address				
City	State	•	Zip	City	State	e Zip		
Number of employees	Annual Kilowa	att Hour Usage L	ast Year	Number of employees	Annual Kilowa	att Hour Usage Last Year		
Electric tariff name Electric tariff number				Electric tariff name		Electric tariff number		
Electric utility serving this lo	ocation			Electric utility serving this location				
Natural gas utility serving the	nis location			Natural gas utility serving	this location			
5				6				
Facility name				Facility name				
Address				Address				
Address				Address				
Address				Address				
City	State	Э	Zip	City	State	e Zip		
Number of employees	Annual Kilowa	att Hour Usage L	ast Year	Number of employees	Annual Kilowa	att Hour Usage Last Year		
Electric tariff name		Electric tariff nu	mber	Electric tariff name		Electric tariff number		
Electric utility serving this lo	ocation			Electric utility serving this location				
Natural gas utility serving the	his location			Natural gas utility serving this location				
_				· · · · · · · · · · · · · · · · · · ·				
7 Facility name				8 Facility name				
r domey rearrie				r domey rearrie				
Address				Address				
Address				Address				
City	State	e	Zip	City	State	e Zip		
Number of employees	Annual Kilow	att Hour Usage L	ast Year	Number of employees	Annual Kilowa	att Hour Usage Last Year		
Electric tariff name		Electric tariff nu	mber	Electric tariff name		Electric tariff number		
Electric utility serving this lo	ocation			Electric utility serving this location				
Natural gas utility serving the	his location			Natural gas utility serving this location				