

Southwest Power Pool New Member Contact Information

MEMBER COMPANY:	
Street/PO Box:	
City, State, Zip:	

REPRESENTATIVE TO MARKETS AND OPERATIONS POLICY COMMITTEE	
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Name:	
Title:	
Email Address:	
Telephone / Fax:	

REPRESENTATIVE TO MEMBERSHIP	
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Name:	
Title:	
Email Address:	
Telephone / Fax:	

REPRESENTATIVE TO CHANGE WORKING GROUP	
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Name:	
Title:	
Email Address:	
Telephone / Fax:	

SERVICE CONTACT (TO RECEIVE FILINGS)	
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Name:	
Title:	
Email Address:	
Telephone / Fax:	
Street/PO Box:	
City, State, Zip:	

ACCOUNTS PAYABLE CONTACT	
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Name:	
Title:	
Email Address:	
Telephone / Fax:	

LEARNING CENTER CONTACT	
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Name:	
Title:	
Email Address:	
Telephone / Fax:	