

Texas RE Membership Form

Please fill out the information below. Your information will be automatically processed. Therefore, it is important that the form or the message not be altered in any other way.

NERC NCR*

Company (Full Legal Name)

Company Address

City

State

Zip Code

Contact Name

Contact Title

Contact Phone

Contact E-Mail

Alternate Contact Name

Alternate Title

Alternate Phone

Alternate E-Mail

Registered Functions (Check all that apply)

Balancing Authority (BA)

Reliability Coordinator (RC)

Transmission Operator (TOP)

Transmission Service Provider (TSP)

Planning Authority (PA)

Resource Planner (RP)

Transmission Owner (TO)

Transmission Planner (TP)

Distribution Provider (DP)

Generation Owner (GO)

Generation Operator (GOP)

Membership Sector (Check only one - select most appropriate based on NERC Registered Functions)

System Coordination and Planning

Transmission and Distribution

Municipal Utility

Cooperative Utility

Generation

Load Serving or Marketing**

An entity that secures wholesale transmission service in the ERCOT region.

**My company qualifies for the LSM sector as: (Choose one)

An entity that is engaged in the buying and selling of wholesale electric power in the ERCOT region on a physical or financial basis.

*Other

*Please Explain: