



Electric Reliability and Security for the West

WECC Member Representative Designation Form

Organization Name _____ Acronym _____

Current Member Representative Completing Form _____

Member Representative			Member Representative Alternate		
<i>Name</i>			<i>Name</i>		
<i>Email</i>			<i>Email</i>		
<i>Phone</i>			<i>Phone</i>		
<i>Member</i>		Reliability Assessment Committee (RAC)		<i>Alternate</i>	
<i>Name</i>			<i>Name</i>		
<i>Email</i>			<i>Email</i>		
<i>Phone</i>			<i>Phone</i>		
<i>Point of Contact</i>		Reliability Risk Committee (RRC)		<i>Optional 2nd contact</i>	
<i>Name</i>			<i>Name</i>		
<i>Email</i>			<i>Email</i>		
<i>Phone</i>			<i>Phone</i>		

Current Member Representative's Signature: _____ Date: _____

