

New Membership Request Form

Tolls, Tariff, Facilities & Procedures Committee

Please complete this form to request membership to the Tolls, Tariff, Facilities, & Procedures (TTFP) committee.

Please note the following:

- Organizations requesting membership are expected to have read and agree to adhere to the TTFP Procedures adopted on May 12, 2009, including confidentiality provisions
 - The procedures can be viewed through the following link:
http://www.tccustomerexpress.com/docs/ab_industry_committee_ttfp/TTFP%20Procedures%20-%20ADOPTED%20May%2012,%202009.pdf
- The TTFP is conducted on a “confidential and without prejudice” basis
- Each organization may register one primary representative and an alternate
 - Those representatives must have the authority to settle issues on behalf of the organization
- Email alerts generated by the TTFP member website (SharePoint) are considered an acceptable means of being served documents which the CER directs to serve on the TTFP
 - Member organizations are responsible for setting up SharePoint accounts and associated email alerts

Five to ten business days may be required to process membership requests.

Date:	
Member Organization:	

Describe the nature of your organization’s interest in the TTFP:

Please select all of the applicable services your company holds/utilizes on the NGTL System:

My company holds Firm Transportation service in my company's name

My company holds Firm Transportation service in another company's name

My company utilizes Interruptible Transportation in my company's name



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In an effort to better understand the membership profile of the TTFP, please select the type(s) of organization you represent:

- Association
- Extraction Services
- FT-D - Industrial Consumers
- FT-D - Power Producer
- FT-D - Government Body or Municipality
- FT-D - Exporter
- FT-R - Large Producer (>~200 mmcf/d)
- FT-R - Medium Producer (>~50 mmcf/d but <~200 mmcf/d)
- FT-R - Small Producer (<~50 mmcf/d)
- Marketer/Trader
- Storage Operator
- Other: _____

Primary Representative Name:

Title:

Address:

Postal Code:

Phone:

Mobile:

Email:

Alternate Representative Name:

Title:

Address:

Postal Code:

Phone:

Mobile:

Email:

Return completed form to Veronica Rojas via email at veronica_rojas@tcenergy.com

