



REGULAR MEMBERSHIP AGREEMENT

The undersigned hereby applies for membership with New Mexico 811 (NM811). Upon approval of this completed application, the undersigned agrees to be bound by and to comply with NM811's bylaws and with the general operating procedures of NM811 adopted or approved pursuant to the bylaws. The party executing this agreement affirms that they have the authority to do so on behalf of the applicant. **Pages 1-4 MUST be completed in full in order for application to be processed.**

LEGAL NAME OF COMPANY: _____
Physical Address: _____
City: _____ **State:** _____ **Zip:** _____ **Website:** _____

<p>CLASSIFICATION (choose only one)</p> <p><input type="checkbox"/> Communications (phone, CATV, fiber)</p> <p><input type="checkbox"/> Electrical</p> <p><input type="checkbox"/> Gas Distribution</p> <p><input type="checkbox"/> Pipeline (Liquids, Gas, Gathering, Producer)</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Water or Wastewater</p>	<p>TYPE OF ENTITY (choose only one)</p> <p><input type="checkbox"/> Private Entity (Ranch, Farm, etc)</p> <p><input type="checkbox"/> Very Small System (< 10 miles of plant or <250 Customers)</p> <p><input type="checkbox"/> Small systems (Master meters, trailer parks, etc.)</p> <p><input type="checkbox"/> Incorporated Non-Profit Association or Group</p> <p><input type="checkbox"/> Business Entity or Corporation</p> <p><input type="checkbox"/> Government (Village, Town, City, School, Parks, etc)</p>
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Indicate below the number of miles of underground plant owned/operated and customers served by applicant:

	Pipeline	Fiber	CATV	Water	Gas	Traffic Sig.	Electric	Phone	Sewer	Other	TOTAL
<i>Miles</i>											
<i>Customers</i>											

Company Representative:

Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Fax: _____ email: _____

Billing Contact Information:

Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Fax: _____ email: _____

Choose how to receive your bill: **Email (free)** **Fax (\$35 annual handling fee)** **USPS (\$25 annual handling fee)**

Person Authorized to Execute Contracts:

Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Fax: _____ email: _____

Signature of Person

Authorized to Execute Contracts: _____ **Date:** _____

Witness: _____
Print name

Signature of Witness

Please return this application to:

New Mexico 811
1021 Eubank Blvd., NE
Albuquerque, NM 87112
LHarrison@NM811.org
Or FAX to: (505) 260-0968

If you have any questions, please call 505-254-7300

Copies of the By-Laws, the General Operations Procedure Manual, and the Marking & Locating Guidelines may be obtained from New Mexico 811 or online at: www.nm811.org

For Office Use Only:	
Received: _____	Completed: _____
Member Code: _____	_____
Password: _____	_____
Rate Code: _____	_____



REGULAR MEMBERSHIP AGREEMENT TERMINAL CONTACT INFORMATION

(Attach one page for each terminal)

LEGAL NAME OF COMPANY: _____

TERMINAL REQUIREMENTS The terminal which will receive the excavation notices must be manned during normal business hours. A terminal contact person should be designated and available to NM811 to resolve any issues with the terminal which may occur, including adding paper, resetting modems, adding toner, etc. The preferred method of providing excavation notices is via email. If email is unavailable you may indicate another method of receiving excavation notifications. A backup terminal and/or communication method is also desirable so that if problems with the communications method for that terminal occur, NM811 can manually switch to the back up terminal and/or communications method. Each terminal must have a designated contact person and their contact information listed.

Note: if a company desires more than one terminal location, please fill out a TERMINAL CONTACT INFORMATION sheet for each terminal desired.

TERMINAL PHYSICAL ADDRESS: _____

City: _____ State: _____ Zip: _____

PRIMARY COMMUNICATION METHOD	Email Address	OR	FAX Phone Number (\$25 annual fee)
BACK UP COMMUNICATION METHOD	Email Address	OR	FAX Phone Number

AFTER HOURS EMERGENCY CONTACT NAME: _____ PHONE: _____

TERMINAL CONTACT PERSON

Name: _____ Cell phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____ email: _____

BACK UP TERMINAL CONTACT PERSON

Name: _____ Cell phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____ email: _____

Please return this application to:

New Mexico 811
1021 Eubank Blvd., NE
Albuquerque, NM 87112
LHarrison@NM811.org
Or FAX to: (505) 260-0968

If you have any questions, please call 505-254-7300

For Office Use Only:	
Terminal Code: _____	Completed: _____
Online: _____	_____
Test Ticket: _____	_____
Communication Method Confirmed: _____	



REGULAR MEMBERSHIP AGREEMENT

AFTERHOURS EMERGENCY PHONE-UP SERVICE AGREEMENT

(Attach one page for each terminal)

*****Pick one (1) option only & fill it out:**

LEGAL NAME OF COMPANY: _____

AFTERHOUR'S EMERGENCY CONTACT NAME: _____

AFTERHOUR'S EMERGENCY PHONE-UP NUMBER: _____

Option 1: ACCEPT 24 X 7 AFTERHOURS PHONE UP SERVICE

I, _____, hereby authorize NM811 to notify the above named contact person by telephone anytime during holidays or weekends of all after hour emergency notifications. I further acknowledge and agree that NM811 will make up to four (4) phone-up attempts at 15-30 minute intervals, in a two (2) hour period during an after hour emergency and a written copy of the notification will be sent to my normal business hours terminal for documentation purposes. I also agree that the failure of the above named contact person to answer or respond to the phone up notification will be deemed to be a non-response by the member company noted above. The member company also agrees to hold NM811, its officers, agents and contractors harmless from and indemnify NM811 for any cost, loss, or expense which NM811 incurs because of the member company's negligence. This indemnification provision applies to reasonable attorney fees and costs incurred by NM811 to defend against any claim which results from the member company's negligence.

Member Company Authorized Signature:

Signed by _____ Date: _____

OR

Option 2: DECLINE 24 X 7 AFTERHOURS PHONE UP SERVICE

The member company noted above hereby declines the 24 X 7 afterhours emergency phone-up service offered by NM811. The member company is able to respond to afterhours notification to the above named terminal in an appropriate manner. The member company also agrees to hold NM811, its officers, agents and contractors harmless from and indemnify NM811 for any cost, loss, or expense which NM811 incurs because of the member company's negligence in responding to notifications. This indemnification provision applies to reasonable attorney fees and costs incurred by NM811 to defend against any claim which results from the member company's negligence.

Member Company Authorized Signature:

Signed by _____ Date: _____



REGULAR MEMBERSHIP AGREEMENT DATA BASE INFORMATION FORM

LEGAL NAME OF COMPANY: _____

DATA BASE REQUIREMENTS Each terminal requires a specific database to permit the NM811 system to determine when to send a notification ticket to the terminal. The database needs to reflect the actual service area which the terminal covers and should be updated each time the coverage area or information changes. The facility locations are mapped on to the member layer database in one of three methods: (1) The most efficient method of defining the coverage area is using electronic data files (shape, ERSI, Arc View, etc.) of the member's actual facility locations, and a mutually agreed buffer is placed around the facilities. (2) We can also create a member layer using key GPS points. If the member has the GPS points (in decimal format) available, we can place these on the map layer and assume the facilities actually run in a straight line between the points. We then include a mutually agreed buffer around the facilities to ensure adequate coverage. If the facility data is not readily available in an electronic map format acceptable to NM811, (3) then a grid system using Township, Range , Section, and Quarter Section (TRSQ) is the next best method. The member layer database will consist of the actual quarter sections where the member has facilities and usually includes some buffer sections to accommodate growth.

SITE NAME: _____

TERMINAL PHYSICAL ADDRESS: _____

City: _____ State: _____ Zip: _____

Please select one of the following:

- Electronic copy of mapped facilities included with application
- Mapped facility data available. Contact mapping facilities contact person below.
- Mapped data not available. Will use the TRSQ data provided below.

County	City	Township	Range	Section	Qtr Sec	Comments

NOTE: If additional space is needed please attach a supplementary sheet to form.

MAPPING FACILITIES CONTACT PERSON

Name: _____ Cell phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Fax: _____ email: _____

Please return this application to:
New Mexico 811
1021 Eubank Blvd., NE
Albuquerque, NM 87112
LHarrison@NM811.org
Or FAX to: (505) 260-0968
If you have any mapping questions, please call:
505-254-7306

For Office Use Only:	
Territory ID: _____	Completed:



MEMBERSHIP DUES AND FEES SCHEDULE

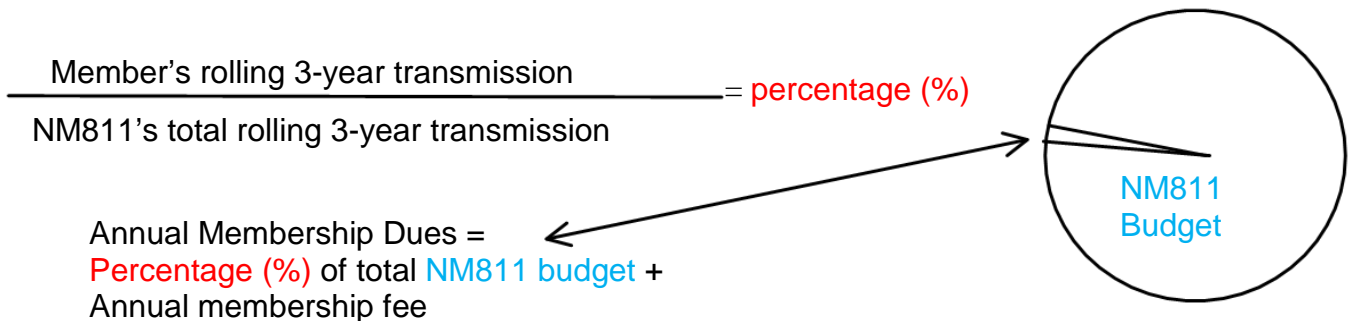
The following is a description of the dues and fees and algorithms approved by the Board of Directors of New Mexico One Call, Inc. dba New Mexico 811

	TYPE	RATE	ANNUAL MEMBER FEE	TRANSMISSION CHARGE*
MEMBERSHIP	Regular (includes large & small systems, non-profits, government systems, businesses & corporations, homeowner associations, pipelines, gathering systems and producers)	REG	\$90	Allocation Calculation (% of yearly budget) Or During first 3 years of membership, call for current transmission charge.
	Privately Owned	PRIV	\$74	NO CHARGE
	Non-jurisdictional	NON	\$150	NO CHARGE
	Voluntary Non-jurisdictional Registry	VREG	\$0	NO CHARGE

	TYPE	Yearly Fee	Includes	Additional Persons
ASSOCIATE MEMBERSHIP	Individuals	\$150	n/a	n/a
	Associations Groups	\$350	Three persons	\$125 per added person/year
	Contractor And Excavator Companies	\$225	One person	\$125 per added person/year
	Vendors	\$300	One person	\$125 per added person/year

REGULAR MEMBERSHIP DUES

Allocation Calculation: For Members with 3 or more years of transmission history



Less than 3 years of Transmission History

Annual Membership Dues = \$Member fee + transmission charge * # of transmissions

Billing

- Any member whose dues are **under \$200 a year will be required to pay their membership dues annually**. In special hardship cases, arrangements can be made for payments.
- Any member whose dues are **\$200 a year or more will have the option of paying their membership dues annually, quarterly, or monthly**.
- Default billing method is quarterly for members with less than 3 years of transmission history.

You can choose from the following ways to receive your bill:

Bill sent via email No Charge
Bill sent via fax \$35 annual charge
Bill sent via USPS \$25 annual charge

There will also be charges for the following:

\$25 Annual Charge per Terminal – where the primary transmission method is via fax; (back-up transmissions – no additional charge for fax)
\$35 Annual Charge – to manually calculate a bill

Terms

Terms of payment are NET 30 Days.

Late fees will be charged according to our policy as stated in the Members Manual. A copy of the manual is available on our web site at www.nm811.org or by calling 505-254-7300.

New Applicants

Do not send payment with your membership application. NM811 will bill new members quarterly.

* "TRANSMISSION CHARGE" means every notification sent by NM811 (excluding free-forms, cancellations, corrections, resends & goodnights) including multiple subscriptions (i.e. email, phone, FTP, or fax) for the same transmission (ticket) number.



REGULAR MEMBERSHIP AGREEMENT

SUPPLEMENTAL DATA BASE

INFORMATION FORM USING TRSQ'S

(Optional, use if needed)

County	City	Township	Range	Section	Qtr Sec	Comments

REGULAR MEMBERSHIP AGREEMENT



**SUPPLEMENTAL DATA BASE
INFORMATION FORM USING GPS
COORDINATES**

(Optional, use if needed)

If you do not have mapping data in digital form, you may write in GPS coordinates (latitudes and longitudes) in the columns below with any description you would like to include. Each lat/long point should be where the facility changes direction. A line will be drawn between each point and the specified buffer added on each side of the line. For wells or poles or other standalone structures, the lat/long point will be buffered in order to receive locates within the buffered radius. Please specify the buffer size that meets your needs.

Please ensure that the lat/long is in Decimal Degree format **only**.

Example: Latitude 36.389475°, Longitude -107.189734°.

Whenever possible, please use a *minimum* of 4 digits after the decimal point for the best accuracy.

County	Latitude	Longitude	Description	Buffer Size (ft)