



California Association of Building Energy Consultants

DB  QB  RCT  WEB  
 WEL  CERT  LTR  
Ck # \_\_\_\_\_ Visa \_\_\_ MC \_\_\_

# MEMBERSHIP

## APPLICATION

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

WEB SITE ADDRESS \_\_\_\_\_ (please write exactly as it should be entered)

Please complete the following. This information will be published in our directory and/or used in response to inquiries about our membership.

**Check all categories that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Architect, License # _____           | <input type="checkbox"/> General Contractor, Licence # _____             |
| <input type="checkbox"/> Building Department Personnel        | <input type="checkbox"/> Heating & Air-Cond. Contractor, License # _____ |
| <input type="checkbox"/> CEPE Res # _____ NR# _____           | <input type="checkbox"/> HERS Analyst                                    |
| <input type="checkbox"/> Civil/Professional Engineer          | <input type="checkbox"/> HERS Rater                                      |
| <input type="checkbox"/> Certified Energy Manager             | <input type="checkbox"/> Mechanical Engineer Licence # _____             |
| <input type="checkbox"/> Design/Drafting Residential Building | <input type="checkbox"/> Private Plan Checker                            |
| <input type="checkbox"/> Electrical Engineer, License # _____ | <input type="checkbox"/> Product Vendor                                  |
| <input type="checkbox"/> Energy Consultant                    | <input type="checkbox"/> Software Vendor                                 |
| <input type="checkbox"/> Fenestration Simulator or Lab        | <input type="checkbox"/> Utility Representative                          |
| <input type="checkbox"/> Other _____                          |  |

### MEMBERSHIP CLASSIFICATION AND DUES STRUCTURE

- PRINCIPAL CABEC MBR. (Full year—\$230 per person)     ADDITIONAL MBR.(Full year—\$125 per person)
- BUILDING DEPT. (Full year—\$110 per person)     TEACHER/STUDENT MBR.(Full year—\$50 per person)
- (Please enclose a copy of your Teacher/Student ID or fax to: 858-530-3045)
- UTILITY (Full year—\$550 up to 5 people, ea. adtl. person \$100 per year)
- VENDOR (Full year—\$550 up to 3 people, ea. adtl. person \$100 per year)

**For Utility and Vendor Members**—list the name of the Primary Member and then the Additional Member(s). Please list contact information for each additional member. (If need more room, list information on the back of this page.)

Primary Utility/Vendor Member \_\_\_\_\_

Additional Utility/Vendor Member(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Optional: I was referred by \_\_\_\_\_

## CABEC STATEMENT OF PURPOSE & CODE OF ETHICS

### Statement of Purpose

#### Education and Training

CABEC shall improve the practice of energy consulting by encouraging its members to participate in a continuing program of professional development regarding the State of California's building energy regulations, building energy analysis, energy conservation technologies, ethics, compliance documentation, and any matters that will contribute to the professional standards of those engaged in energy consulting.

#### Certification

CABEC shall offer a Certified Energy Analyst program. Members shall be encouraged to demonstrate their knowledge via certification. Certified Energy Analysts shall be held to the highest standard of competence.

#### Information Network

CABEC shall provide its members with an information forum for development and exchange of ideas relating to code issues, computer modeling, energy conservation, and other issues through a continuing program of professional development.

#### Ethics

CABEC shall require that all members subscribe to a code of ethics. The premise of the CABEC code of ethics is that members shall demonstrate a consistent pattern of reasonable care and competence in their work.

### CABEC Code of Ethics

**Rule 1.** Members shall uphold the integrity of their profession in all their work from an ethical, moral, professional, and legal standpoint as a representative of their profession and of CABEC.

**Rule 2.** Members shall provide energy calculations and documentation that are consistent with the plans used in their preparation and conform to the energy code for which they are prepared.

**Rule 3.** Members shall demonstrate unbiased judgment in the performance of their profession, including disclosing to a client or employer any circumstance that could be construed as a conflict of interest and ensuring that such conflict does not compromise the interests of the client or employer.

**Rule 4.** Members shall compete fairly with other professionals, including recognizing and giving credit to others for the professional work they have performed, and not offering or accepting improper contributions or gifts to obtain or grant work or to influence the judgment of others.

**Rule 5.** Members shall conform to the spirit and the letter of all laws governing their professional affairs.

**Rule 6.** Members shall not unfairly discriminate against others in their professional endeavors.

Please review and read the CABEC Statement of Purpose and Code of Ethics carefully. All members must abide by the CABEC Code of Ethics. You must sign the statement below for your application to be considered.

The information I have provided on this application is accurate and complete. I have carefully read the CABEC Statement of Purpose and Code of Ethics. As a member of CABEC, I hereby agree to abide by CABEC's Statement of Purpose and Code of Ethics. Furthermore, in the case of any inquiry or dispute in relation to my certification status, I agree to indemnify and abide by the decisions of the CABEC Board.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### PAYMENT INFORMATION

Check enclosed \$ \_\_\_\_\_ (Check payable to CABEC)

Credit Card  Visa  Mastercard Amount \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address (if different from above) Street/City \_\_\_\_\_ Zip \_\_\_\_\_

### Send application form and payment to:

CABEC ♦ 9974 Scripps Ranch Blvd., #130 ♦ San Diego, CA 92131 ♦ Fax: 858-530-3045  
Toll Free 877-530-3045 ♦ admin@cabec.org ♦ www.cabec.org