

Section 1: Member Information MR. MS. MRS. DR.

NAME _____

TITLE _____

COMPANY NAME _____

 IS YOUR COMPANY A CURRENT MEMBER OF AWWA? YES NO

MEMBER NUMBER (IF KNOWN) _____

 ADDRESS BUSINESS HOME

PO BOX OR MAIL STOP _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____

COUNTRY _____

 PHONE BUSINESS HOME

FAX _____

 E-MAIL BUSINESS HOME

Please be sure to provide your e-mail address, as it is required to receive member benefits that are delivered electronically.

 Were you referred by an AWWA member? Yes No Referring Member _____ Member # (if known) _____

How did you first learn about AWWA?

- Colleague E-mail AWWA publication or periodical Other, please specify: _____
 Direct Mail Conference/Seminar Internet

What areas of the water and wastewater industry are of current interest to you? (Please check all that apply)

- Asset Management (AM) Groundwater (GW) Resources Management/Planning (WRMP)
 Backflow (BACK) Management/Leadership (MANA) SCADA/GIS (SG)
 Conservation (CE) Membrane Treatment (MT) Security (SECU)
 Customer Service (CS) Operations (OPER) Water Reuse (WR)
 Desalination (DESA) Public Information/Relations (PIR) Water Treatment (TREA)
 Design (DESI) Water Quality (WQT)
 Distribution (DS) Regulatory/Legislative (RL) Young Professional (YP)

Completion of this information is optional

AWWA maintains profile data for use in developing programs and services to meet the diverse needs of our members.

Race/Ethnic Identification

1. American Indian/Alaskan Native
2. Asian/Pacific Islander
3. African-American
4. Hispanic
5. White (non-Hispanic)
6. Other

Gender

- Female
 Male

Birth Year _____

Do you work for a utility?

- Yes
 No

If yes, how many service connections does it have?

- <5,000 10,001-25,000 50,001-100,000 150,001 +
 5,001-10,000 25,001-50,000 100,001-150,000

Section 2: Circulation Information
All applicants must complete this section.
What one business activity best describes your company? (Please check only one)

- A Public Water Supply Utility—Municipally Owned
 B Public Water Supply Utility—Investor Owned
 C Government—Federal, State, Local
 D Consulting Firm
 E Contractor
 F Private Industrial System or Water Wholesaler
 G Manufacturer of Equipment & Supplies (including representatives)
 H Distributor of Equipment & Supplies (including representatives)
 I Educational Institutions (faculty and students), Libraries and other related organizations
 J Fully Retired
 K Research Lab
 L Other allied to the field (please specify) _____

What one category best describes your job title? (Please check only one)

- A Executive (General Manager, Commissioner, Board Member, City Manager, Municipal Supt., Mayor, President, Vice President, Owner, Partner, Director, etc.)
 B Management/Non-Engineering (Division Head, Section Head, Manager, Dept. Head, Comptroller, etc.)
 C Design and Engineering/Both Managerial and Non-Managerial (Chief Engineer, Civil Engineer, Mechanical Engineer, Elect. Engineer, Environmental Engineer, Planning Manager, Field Engineer, System Designer, etc.)
 D Scientific/Non-managerial (Chemist, Biologist, Biophysicist, Researcher, Analyst, etc.)
 E Purchasing (Purchasing Agent, Procurement Specialist, Buyer, etc.)
 F Operations (Foreman, Operator, Maintenance Crewman, Service Representative, etc.)
 G Marketing & Sales/Non-Managerial (Market Analyst, Marketing Representative, Salesperson, Sales Representative, etc.)
 I Professorial (Educator, Teacher, etc.)
 Z Other (please specify) _____

What one category best describes your field served/principal activity? (Please check only one)

- 9 Both Water Supply & Wastewater 5 Water Supply Only 7 Wastewater Only 3 Other

Over, please

Section 3: Dues and Benefits

All applicants must complete this section.

Membership Type: Individual \$165 (02) Young Professional \$99 (YP2011) Operations/Administrative \$68 (06) Student \$28 (14)

Student members and members with APO/FPO addresses will receive e-periodicals only. Operator members receive Journal AWWA online. Print periodicals may be purchased for an additional fee. Please call 1.800.926.7337 or e-mail us at custsvc@awwa.org if you wish to subscribe to any or all of the periodicals.

Section Assessment:

AWWA has 43 local sections in North America. You are automatically enrolled in a section based on your address. Some sections require additional fees to better serve their local members. The mandatory additional section assessment is required if your address is located in one of the following areas:

Your State/Province	Individual	Operations/Admin.
Alaska, Connecticut, Minnesota, Missouri, Ontario.....	\$8.....	\$3
Alberta, Arizona, Illinois, Kentucky, Manitoba, New York, Northwest Territories, Saskatchewan, Tennessee, Texas, Wisconsin.....	\$17.....	\$7
Alabama, Arkansas, Idaho, Louisiana, Mississippi, New Jersey, Oklahoma, Oregon, Utah, Washington.....	\$25.....	\$10
Pennsylvania.....	\$25.....	\$5
Florida, Georgia, Indiana, Iowa, South Carolina.....	\$33.....	\$14
California, Maine, Massachusetts, Nevada, New Hampshire, Rhode Island, Vermont.....	\$66.....	\$27

Additional Section Options

In addition to your primary section membership, you may also join other AWWA sections. This allows you to receive information on events and activities from other sections of your choice. If you are interested in joining additional sections, please call 1.800.926.7337 for information and assessment fees, then indicate your choices here: _____

Signature Required _____ **Date** _____

By signing this application, students certify they're enrolled in school, carry at least 9 credit hours, and have been a member of AWWA for less than 5 years.

Section 4: Payment

Annual Dues (as indicated in Section 3) Individual \$165 Young Professional \$99 Operations/Administrative \$68 Student \$28

Section Assessment (if applicable) \$ -18.00 (Enter amount from Section 3)

Additional Section Option (if applicable) \$ _____ (Enter amount from Section 3)

Total \$ 10.00

Payment Method

- Check enclosed (Make payable to AWWA. US currency only, drawn from a US bank.)
 American Express Discover MasterCard VISA

Card Holder _____

Card Number _____

Expiration Date _____

No action will be taken on this application until payment is received.

Section 5: Application Instructions

Mail completed application to:

AWWA Customer Service
6666 West Quincy Avenue
Denver, CO 80235-3098 USA

Fax completed application to:

303.347.0804

Apply online at:

www.awwa.org/join

Questions? Call Customer Service

at 1.800.926.7337 or 303.794.7711