

**REQUIRED FIELDS**

Please complete application and click the **SUBMIT**  button at the bottom of the last page.  
Your application will be emailed directly to AWWA for processing.

**Section 1: Member Information**
 Mr.  Ms.  Mrs.  Dr. 



 IS YOUR COMPANY A CURRENT MEMBER OF AWWA?  YES  NO      MEMBER NUMBER (IF KNOWN) \_\_\_\_\_

 Business  Home       
      
      
 Business  Home       
 Business  Home 

*Please be sure to provide your e-mail address, as many member benefits are delivered electronically.*

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

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asset Management (AM) | <input type="checkbox"/> Ground Water (GW)                      | <input type="checkbox"/> Resources Management/<br>Planning (WRMP) |
| <input type="checkbox"/> Backflow (BACK)       | <input type="checkbox"/> Management/<br>Leadership (MANA)       | <input type="checkbox"/> SCADA/GIS (SG)                           |
| <input type="checkbox"/> Conservation (CE)     | <input type="checkbox"/> Membrane Treatment (MT)                | <input type="checkbox"/> Water Reuse (WR)                         |
| <input type="checkbox"/> Customer Service (CS) | <input type="checkbox"/> Operations (OPER)                      | <input type="checkbox"/> Water Treatment (TREA)                   |
| <input type="checkbox"/> Desalination (DESA)   | <input type="checkbox"/> Public Information/<br>Relations (PIR) | <input type="checkbox"/> Water Quality (WQT)                      |
| <input type="checkbox"/> Design (DESI)         | <input type="checkbox"/> Regulatory/Legislative (RL)            |   |
| <input type="checkbox"/> Distribution (DS)     |   |   |

**AWWA maintains profile data for use in developing programs and services to meet the diverse needs of our members.  
Completion of this information is optional but preferred.**

**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:** \_\_\_\_\_



**Section 4: Payment**

**Dues and section assessment rates valid through Dec. 31, 2009.**

Annual Dues (as indicated in Section 2)  Individual \$165 (Grade 02)  Operations/Administrative \$68 (Grade 06) (US, Canada, & Mexico only)  Student \$28 (Grade 14)

Section Assessment (if applicable) \$ \_\_\_\_\_ (Enter amount from chart in Section 2)

Additional Section Option (if applicable) \$ \_\_\_\_\_ (Enter fee from Section 2)

**Total** \$ \_\_\_\_\_

**Payment Method**

Check enclosed (Make payable to AWWA. US funds only.)

American Express  Discover  MasterCard  VISA

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ MONTH (XX) YEAR (XXXX)

Card Holder \_\_\_\_\_

No action will be taken on this application until payment is received. Dues are not transferable, refundable, or deductible as a charitable contribution. Dues may be considered an ordinary and necessary business deduction.

**Section 5: Application Instructions**

**Print application, complete, and MAIL to:**  
 AWWA Customer Service  
 6666 West Quincy Avenue  
 Denver, CO 80235-3098 USA

**OR print application, complete, and FAX to:**  
 303.347.0804

**Or, simply click **SUBMIT** to email this completed application directly to AWWA for processing.**



**Questions? Call Customer Service at 1.800.926.7337 or 1.303.794.7711.**