

REQUIRED FIELDS

MARKET CODE _____

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.

YES! I want to renew my membership today.

Section 1: Member Information

AWWA CUSTOMER NUMBER _____

 Mr. Ms. Mrs. Dr.

TITLE _____

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

**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. <input type="checkbox"/> American Indian/Alaskan Native | 4. <input type="checkbox"/> Hispanic |
| 2. <input type="checkbox"/> Asian/Pacific Islander | 5. <input type="checkbox"/> White (non-Hispanic) |
| 3. <input type="checkbox"/> African-American | 6. <input type="checkbox"/> Other |

Gender

-
- Female
-
-
- Male

Birth Year: _____

Section 2: AWWA Dues and Section Assessments

Membership Type: Individual \$165 (Grade 02) Operations/Administrative \$68 (Grade 06) Student \$28 (Grade 14)
 (US, Canada, & Mexico only) (Proof of student status required)

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 additional section assessments are required if your address is located in one of the following areas:

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

Do you work for a utility?

-
- YES
-
-
- NO

If YES, how many service connections does it have?

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> < 5,000 | <input type="checkbox"/> 10,001 - 25,000 | <input type="checkbox"/> 50,001 - 100,000 | <input type="checkbox"/> 150,001 + |
| <input type="checkbox"/> 5,001 - 10,000 | <input type="checkbox"/> 25,001 - 50,000 | <input type="checkbox"/> 100,001 - 150,000 | |

REQUIRED FIELDS

MARKET CODE IJOURN

Section 3: 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 is 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
- 7 Wastewater Only
- 5 Water Supply Only
- 3 Other

Section 4: Payment

Membership Dues: \$ _____

Section Assessment: \$ _____

TOTAL DUE: \$ _____

Signature Required: _____ **Date** _____

In lieu of a signature, our auditing bureau requires a unique identifier. What is the month of your birth? _____

Payment Method

- Check enclosed (Make payable to AWWA. US currency only, drawn from US banks.)
 - American Express Discover MasterCard VISA
- Card Number _____ Expiration Date _____ / _____
- 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.

Dues allocated for each periodical members receive, *Journal AWWA*—\$50, *Opflow*—\$16