

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)

 BUSINESS HOME ADDRESS

PO BOX OR MAIL STOP

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

 BUSINESS HOME PHONE

FAX

 BUSINESS HOME E-MAIL

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) _____

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)**

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

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

- American Indian/Alaskan Native
- Asian/Pacific Islander
- African-American
- Hispanic
- White (non-Hispanic)
- 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 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 5 Water Supply Only 7 Wastewater Only 3 Other

