

Section 1: Member Information

COMPANY NAME _____	
ADDRESS _____	PO BOX OR MAIL STOP _____
CITY _____	STATE/PROVINCE _____
ZIP/POSTAL CODE _____	COUNTRY _____
MAIN CONTACT NAME <input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> DR. _____	
TITLE _____	
PHONE _____	FAX _____
E-MAIL _____	

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)

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

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

Please select the appropriate membership category based on your organization's sales from the chart below.

Gross Annual Sales to Water Supply Industry	1st Year Dues 25% Discount (ORG2012)	Annual Dues Current Members	Plus+Points To be used on Standards Subscriptions and/or Additional Individuals, each year your membership is active
Under \$1 million (90)	\$923	\$1,230	75
\$1 to \$3 million (91)	\$1,568	\$2,090	125
\$3 to \$10 million (92)	\$2,562	\$3,416	375
\$10 to \$20 million (93)	\$3,857	\$5,143	625
Over \$20 million (94)	\$5,132	\$6,842	775
Partner Agencies & Institutions (74)	\$953	\$1,270	75

Plus+Points

Use the chart above to identify how many Plus+Points are available to your organization and customize your benefits below. Unused Plus+Points will be forfeited.

Product Selection	Value	Quantity	Points Needed	Plus+Points Spent
AWWA Standards AWWA Standards are recognized as the consensus standards for products and procedures used in the treatment and supply of safe water. This selection includes standards updates for the year on CD-ROM.	\$3,445	_____	x 75	= _____
Individual Memberships You can select and assign individual membership to specific company employees. While all employees will enjoy member pricing, assigned members receive the full benefits of membership including <i>Journal AWWA</i> , section membership, and credit toward becoming a Life Member.		_____	x 50	= _____
Total Plus+Points Spent				_____

If you have selected Individual Memberships as a benefit, please designate the individuals below. Be sure to include a mailing address if different from the address used on this application. Attach additional sheets as necessary. See Section 4B for pricing.

Name	Title	Address (if different)	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 4: Payment

1st Year Dues \$ _____ (As indicated in Section 3)

Payment Method

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

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

Card Holder _____
 Card Number _____
 Expiration Date _____

Section 5: Application Instructions

Mail completed application to:
 AWWA Customer Service
 6666 West Quincy Avenue
 Denver, CO 80235-3098 USA

Fax completed application to:
 001.303.347.0804

**Questions? Call Customer Service
 at 001.303.794.7711.**

Dues valid through Dec. 31, 2012. NOTE: Member's phone numbers, fax numbers, and email addresses are protected under AWWA's Privacy Policy.