

Section 1: Member Information

COMPANY NAME _____

ADDRESS _____

PO BOX OR MAIL STOP _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____

COUNTRY _____

 MAIN CONTACT NAME MR. MS. MRS. 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

International Utility members receive an AWWA Standard subscription on CD-ROM every year of membership, as well as electronic copies of *Journal AWWA* and *Opflow*.

Section 3: Payment

Annual Dues \$1,308 (70)

First Year Dues \$981 (ORG2012)

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 4: Application Instructions

Mail completed application to:

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

Fax complete application to:

001.303.347.0804

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

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