

2021 CORPORATE APPLICATION

Please Check: New/ Renewal Current WEF ID Number _____

Name of Company/Firm
Headquarters Address, Street or P.O. Box Phone
City State/Province Zip/Postal Code Country
Letter of the alphabet you would like your company listed under: _____

NAME OF OFFICIAL REPRESENTATIVE

First Name	M.I.	Last Name	(Jr., Sr., etc.)
Title		Date of Birth (mm/yyyy)	
City	State/Province	Zip/Postal Code	Country
Address, Street or P.O. Box (if different from above)			
Home Phone	Cell Phone	Business Phone	
E-mail Address		Fax	
<input type="checkbox"/> I do NOT wish to receive information on special offers, discounts, training and educational events, and new product information to enhance my career.			

MEMBERSHIP INFORMATION

By joining WEF, you also become a member of a local Member Association (MA). Please enter your membership category (Box 1) and the Local MA you wish to join from the list on the next page. **Note:** District of Columbia, Illinois, Maryland, and Virginia residents have two MA choices. Please indicate your primary choice in box 2 below. If you join both, please add your secondary selection as a Dual MA with the corresponding Dual MA dues in box 3 below.

Dependent upon your membership level, \$55, \$47 or \$20 of your membership dues is allocated towards a subscription of Water Environment & Technology (WE&T) magazine that is non-deductible from the membership dues.

	DUES
1. Membership Category	
National Dues:	\$
2. Local MA Selection	
Local MA Name:	\$
3. Dual MA Selection (optional)	
Dual MA Name:	
TOTAL	\$

DEMOGRAPHIC INFORMATION

The following is requested for informational purposes only.

Gender: Female Male

Education:

- Doctorate AA/AAS
 MA/MBA/MS Technical School
 BA/BS High School

DID ANYONE RECOMMEND THAT YOU JOIN WEF?

Referring member's name:

Referring member's email address:

PAYMENT Forms received without payment will not be processed.


Federal Tax ID #: 53-0225129


<input type="checkbox"/> Personal Check	<input type="checkbox"/> Company Check	Check No.	GRAND TOTAL	\$
Credit Card <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		Card Number	Exp Date	CVV
Signature I authorize WEF to charge my credit card for the amount indicated.				
Name on Card				
Billing Address (if different than above)				
City/ State/Province				
Zip/Postal Code		Country		

Yes, please AUTO RENEW my membership!
Your membership can be conveniently renewed on your membership anniversary when you sign up for automatic renewal. At the beginning of your membership year, you will automatically be charged for the next membership period to guarantee uninterrupted access to benefits, services, and subscriptions. Members can update their automatic renewal preferences at any time by contacting WEF Customer Service.

Signature _____ Date _____
(Signature required for all applications)

 Online:
www.wef.org/joinwef

 Mail Form and Payment:
WEF Membership
P.O. Box 38008
Baltimore, MD 21297-8008 USA

 Phone: 1.800.666.0206 or
1.571.830.1545 globally
Fax: 1.240.396.2471

 Email: csc@wef.org

2021 WEF MEMBER ASSOCIATION DUES

UNITED STATES ASSOCIATIONS		CORPORATE
AK	Alaska WWMA	30
AL	Alabama's WEA	132
AR	Arkansas WEA	110
AZ	Arizona Water Association	65
CA	California WEA	322
CO	Rocky Mountain WEA	35
CT	New England WEA	52
DC	Chesapeake WEA	70
	Federal Water Quality Association	100
DE	Chesapeake WEA	70
FL	Florida WEA	80
GA	Georgia Association of Water Professionals	49
HI	Hawaii WEA	60
IO	Iowa WEA	20
ID	Pacific Northwest CWA	70
IL	Central States WEA	25
	Illinois WEA	30
IN	Indiana WEA	35
KA	Kansas WEA	10
KY	Clean Water Professionals of Kentucky & Tennessee	20
LA	Louisiana WEA	100
MD	Chesapeake WEA	70
	Federal Water Quality Association	100
ME	New England WEA	52
MI	Michigan WEA	105
MN	Central States WEA	25
MO	Missouri WEA	35
MS	Mississippi WEA	40
MT	Montana WEA	95
NC	North Carolina WEA	100
ND	North Dakota WEA	20
NE	Nebraska WEA	8
NH	New England WEA	52
NJ	New Jersey WEA	72
NM	Rocky Mountain WEA	35
NV	Nevada WEA	15
NY	New York WEA	125
OH	Ohio WEA	15
OK	Oklahoma WEA	50
OR	Pacific Northwest CWA	70
PA	Pennsylvania WEA	55
PR	Puerto Rico W&EA	50
RI	New England WEA	52
SC	WEA of South Carolina	45
SD	South Dakota WEA	15
TN	Clean Water Professionals of Kentucky & Tennessee	20
TX	WEA of Texas	50
UT	WEA of Utah	50
VA	Virginia WEA	45
	Federal Water Quality Association	100
VT	New England WEA	52
WA	Pacific Northwest CWA	70
WV	West Virginia WEA	12
WI	Central States WEA	25
WY	Rocky Mountain WEA	35
Canadian Associations		
	Atlantic Canada Water & Wastewater Association	33
	British Columbia Water & WA	109
	Quebec - Reseau Environment*	280
	WEA of Ontario	92
	Western Canada WEA	65
Operator Associations (optional)		

* The MA dues collected for Quebec-Reseau Environment give access to limited benefits.

MEMBERSHIP PROFILE

Please take a few moments to tell us about your background and professional interests.

1. What is the nature of your ORGANIZATION (ORG)?
(select one only) – required

- | | |
|---|---|
| 01 Public/Private, Wastewater and/or Drinking Water and/or Stormwater | 09 Manufacturer of Water/Wastewater/Stormwater Equipment or Products |
| 02 Public/Private Wastewater only | 10 Water/Wastewater/Stormwater Product Distributor or Manufacturer's Rep. |
| 03 Public/Private Drinking Water only (e.g. municipality, utility, authority) | 11 Public/Private Stormwater (MS4) Program Only |
| 04 Industrial Systems/Plants | 12 Public Finance, Investment, and Banking |
| 05 Consulting or Contracting Firm | 13 Non-profits |
| 06 State, Federal, Regional Government Agency | 99 Other (please specify) _____ |
| 07 Research or Analytical Laboratories | |
| 08 Educational Institution | |

2. What is your Primary JOB FUNCTION?
(select one only) (JOB)

- | | |
|---|---|
| 01 Management: Upper or Senior | 06 Purchasing/Marketing/Sales |
| 02 Management: Engineering, Laboratory, Operations, Inspection, Maintenance | 07 Educator |
| 03 Engineering & Design Staff | 08 Student |
| 04 Scientific & Research Staff | 09 Elected or Appointed Public Official |
| 05 Operations/Inspection & Maintenance | 10 Other (please specify) _____ |

3. What areas do you consider to be your KEY FOCUS AREAS (FOC)? (select all that apply)

- | | |
|--|--|
| 01 Collection Systems | 11 Toxic and Hazardous Material |
| 02 Drinking Water | 12 Utility Management and Environmental |
| 03 Industrial Water/Wastewater/Process Water | 13 Wastewater |
| 04 Groundwater | 14 Water Reuse and/or Recycle |
| 05 Odor/Air Emissions | 15 Watershed/Surface Water Systems |
| 06 Land and Soil Systems | 16 Water/Wastewater Analysis and Health/Safety Water Systems |
| 07 Legislation (Policy, Legislation, Regulation) | 17 Other _____ |
| 08 Public Education/Information | |
| 09 Residuals/Sludge/Biosolids/Solid Waste | |
| 10 Stormwater Management/Floodplain Management/Wet Weather | |