

2022 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 | DUES | | | | | | | | | | | | | | |
|--|---|-------------------------------|--|----------------|----|------------------------------|--|----------------|----|--|--|--------------------------|--|--------------|-----------|
| <p>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.</p> <p><i>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.</i></p> | <table border="1"> <tr> <td>1. Membership Category</td> <td></td> </tr> <tr> <td>National Dues:</td> <td>\$</td> </tr> <tr> <td>2. Local MA Selection</td> <td></td> </tr> <tr> <td>Local MA Name:</td> <td>\$</td> </tr> <tr> <td>3. Dual MA Selection (optional)</td> <td></td> </tr> <tr> <td>Secondary MA Selections:</td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td>\$</td> </tr> </table> | 1. Membership Category | | National Dues: | \$ | 2. Local MA Selection | | Local MA Name: | \$ | 3. Dual MA Selection (optional) | | Secondary MA Selections: | | TOTAL | \$ |
| 1. Membership Category | | | | | | | | | | | | | | | |
| National Dues: | \$ | | | | | | | | | | | | | | |
| 2. Local MA Selection | | | | | | | | | | | | | | | |
| Local MA Name: | \$ | | | | | | | | | | | | | | |
| 3. Dual MA Selection (optional) | | | | | | | | | | | | | | | |
| Secondary MA Selections: | | | | | | | | | | | | | | | |
| TOTAL | \$ | | | | | | | | | | | | | | |


| DEMOGRAPHIC INFORMATION |
|---|
| The following is requested for informational purposes only. |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Education: |
| <input type="checkbox"/> Doctorate <input type="checkbox"/> AA/AAS <input type="checkbox"/> MA/MBA/MS <input type="checkbox"/> Technical School <input type="checkbox"/> BA/BS <input type="checkbox"/> 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 _____ | <input type="checkbox"/> 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 _____ 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 _____ | |


Signature _____ **Date** _____

(Signature required for all applications. Representative acknowledges the WEF Code of Conduct (www.wef.org/wef-member-code-of-conduct) is applicable for all members.)

 **Online:**
www.wef.org/joinwef
 (Signature required for all applications. Representative acknowledges the WEF Code of Conduct (www.wef.org/wef-member-code-of-conduct) is applicable for all members.)

 **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

2022 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 | 80 |
| MN | Central States WEA | 25 |
| MO | Missouri WEA | 35 |
| MS | Mississippi WEA | 40 |
| MT | Montana WEA | 95 |
| NC | North Carolina WEA | 105 |
| ND | North Dakota WEA | 20 |
| NE | Nebraska WEA | 10 |
| NH | New England WEA | 52 |
| NJ | New Jersey WEA | 72 |
| NM | Rocky Mountain WEA | 35 |
| NV | Nevada WEA | 30 |
| 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 |
| | South Dakota WEA | 15 |
| TN | Clean Water Professionals of Kentucky & Tennessee | 20 |
| TX | WEA of Texas | 70 |
| 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* | 30 |
| | WEA of Ontario | 92 |
| | Western Canada WEA | 65 |
| Operator Associations (optional) | | |

International Associations: To join an association outside the U.S. and Canada, contact csc@wef.org or +1-571-830-1545

* 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 Consulting, Contracting, Planning Services | 09 Utility: Wastewater |
| 02 Educational Institution | 10 Utility: Drinking Water |
| 03 Industrial Systems/Plants) | 11 Utility: Stormwater |
| 04 Manufacturer or Distributor of Equipment & Supplies (including representatives) | 12 Utility: Wastewater, Drinking Water, and Stormwater |
| 05 Non-profits/NGOs | 13 Utility: Wastewater and Drinking Water |
| 06 Finance, Investment, and Banking | 14 Utility: Wastewater and Stormwater |
| 07 Laboratories | 15 Other (Please define: fill in) |
| 08 State or Federal Government | _____ |

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

- | | |
|----------------------------------|------------------------------------|
| 01 Executive Level | 12 Sales/Marketing |
| 02 ManagementLevel | 13 Manufacturer's Representative |
| 03 Elected or Appointed Official | 14 Communications/Public Relations |
| 04 Educator | 15 IT/OT |
| 05 Student | 16 Other (Please define: fill in) |
| 06 Consultant/Contractor | _____ |
| 07 Engineering/Design | _____ |
| 08 Operator | _____ |
| 09 Scientist/Researcher | _____ |
| 10 Legislator/Regulator | _____ |
| 11 Analyst | |

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

- | | |
|--------------------------------------|---|
| 01 Air Quality and Odor Control | 14 Public Communications and Outreach |
| 02 Biosolids and Residuals | 15 Regulation, Policy, Legislation |
| 03 Climate | 16 Research and Innovation |
| 04 Collection Systems | 17 Resource Recovery |
| 05 Disinfection and Public Health | 18 Safety, Security, Resilience |
| 06 Drinking Water | 19 Small Communities |
| 07 Energy | 20 Stormwater |
| 08 Finance and Investment | 21 Utility Management and Leadership |
| 09 Industrial | 22 Watershed Management |
| 10 Intelligent Water Technology | 23 Wastewater Treatment, Design, and Modeling |
| 11 Laboratory Analysis and Practices | 24 Water Reuse and Reclamation |
| 12 Nutrients | 25 Workforce |
| 13 Plant Operations and Maintenance | |