



## Application for Transfer to WEF Life Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ WEF Membership #: \_\_\_\_\_

Year and Member Association First Joined:

Year: \_\_\_\_\_ Member Association: \_\_\_\_\_

I certify that I have been a dues-paying WEF Active Member for combined total of 35 consecutive years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Water Environment Federation ("WEF") is committed to providing a professional, safe, and welcoming environment for all members and expects members to uphold WEF's commitment to providing and supporting a positive environment for all WEF members and others affiliated with WEF. View WEF's membership Code of Conduct at <http://www.wef.org/wef-member-code-of-conduct>.*

**Please mail, fax, or email this form to:**

WEF Member Services  
ATTN: Kim Carter  
601 Wythe Street  
Alexandria, VA 22314  
[KCarter@wef.org](mailto:KCarter@wef.org)  
Phone: (703) 684-2493  
Fax: (703) 684-2492