

2024 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 _____

NAME OF OFFICIAL REPRESENTATIVE			
First Name	M.I.	Last Name	(Jr., Sr., etc.)
Title		Date of Birth (mm/dd/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	

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>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	\$
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Local MA Name:	\$														
3. Dual MA Selection (optional)															
Secondary MA Selections:	\$														
TOTAL	\$														





DONATE: SUPPORT WEF'S MISSION AND PROGRAMS		DONATION TOTAL
<p>To learn more about each program, please visit: https://www.wef.org/about/support-wef-programs/donate-to-wef-programs. All donations are tax-deductible.</p>	<input type="checkbox"/> Water Environment Federation (WEF): Support our mission and programs.	\$
	<input type="checkbox"/> Stockholm Junior Water Prize: Support the annual water related science research project competition for high school students.	\$
	<input type="checkbox"/> InFLOW Scholarship Program: Support the program to increase diversity and inclusion within the water workforce.	\$
	<input type="checkbox"/> 2024 WEF Community Service Project at WEFTEC in New Orleans.	\$
		TOTAL \$

DEMOGRAPHIC INFORMATION	RACE/ETHNIC ORIGIN	DID ANYONE RECOMMEND THAT YOU JOIN WEF?
<p>The following is requested for informational purposes only.</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other</p> <p>Education:</p> <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	<p>The following is requested for informational purpose only.</p> <input type="checkbox"/> African-American <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other _____	<p>HOW DID YOU FIRST HEAR ABOUT WEF?</p> <p>Referring member's name: _____</p> <p>Referring member's email address: _____</p>

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. _____	<table border="1"> <tr> <td>Credit Card</td> <td>Card Number</td> <td>Exp Date</td> <td>CVV</td> </tr> <tr> <td> <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA </td> <td colspan="3">Signature I authorize WEF to charge my credit card for the amount indicated.</td> </tr> </table>	Credit Card	Card Number	Exp Date	CVV	<input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA	Signature I authorize WEF to charge my credit card for the amount indicated.			<p>GRAND TOTAL \$</p> <p><input type="checkbox"/> Yes, please AUTO RENEW my membership!</p> <p>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.</p>
Credit Card	Card Number	Exp Date	CVV							
<input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA	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 is applicable for all members.)

 <p>Online: Signature required for all applications. Representative acknowledges the WEF Code of Conduct.</p>	 <p>Mail Form and Payment: WEF Membership P.O. Box 38008 Baltimore, MD 21297-8008 USA</p>	 <p>Phone: 1.800.666.0206 or 1.571.830.1545 globally Fax: 1.240.396.2471</p>	 <p>Email: csc@wef.org</p>
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2024 WEF MEMBER ASSOCIATION DUES

UNITED STATES ASSOCIATIONS		CORPORATE
AK	Alaska WWMA	30
AL	Alabama's WEA	132
AR	Arkansas WEA	N/A
AZ	Arizona Water Association	65
CA	California WEA	338
CO	Rocky Mountain WEA (CO, NM, WY)	35
CT	New England WEA (CT, MA, ME, NH, RI, VT)	78
DC	Chesapeake WEA (DC, DE, MD)	80
	Federal Water Quality Association (DC, MD, VA)	100
DE	Chesapeake WEA (DC, DE, MD)	75
FL	Florida WEA	80
GA	Georgia Association of Water Professionals	62
HI	Hawaii WEA	65
IA	Iowa WEA	20
ID	Pacific Northwest CWA (ID, OR, WA)	73
IL	Central States WEA (IL, MN, WI)	35
	Illinois WEA	35
IN	Indiana WEA	45
KS	Kansas WEA	10
KY	Clean Water Professionals of Kentucky & Tennessee	45
LA	Clean Water Professionals of Louisiana WEA	20
MA	New England WEA (CT, MA, ME, NH, RI, VT)	78
MD	Chesapeake WEA (DC, DE, MD)	80
	Federal Water Quality Association (DC, MD, VA)	100
ME	New England WEA (CT, MA, ME, NH, RI, VT)	78
MI	Michigan WEA	95
MN	Central States WEA (IL, MN, WI)	35
MO	Missouri WEA	35
MS	Mississippi WEA	40
MT	Montana WEA	30
NC	NC One Water	105
ND	North Dakota WEA	20
NE	Nebraska WEA	10
NH	New England WEA (CT, MA, ME, NH, RI, VT)	78
NJ	New Jersey WEA	72
NM	Rocky Mountain WEA (CO, NM, WY)	50
NV	Nevada WEA	30
NY	New York WEA	125
OH	Ohio WEA	50
OK	Oklahoma WEA	50
OR	Pacific Northwest CWA (ID, OR, WA)	73
PA	Pennsylvania WEA	60
PR	Puerto Rico W&EA	50
RI	New England WEA (CT, MA, ME, NH, RI, VT)	78
SC	WEA of South Carolina	45
SD	South Dakota WEA	15
TN	Clean Water Professionals of Kentucky & Tennessee	45
TX	WEA of Texas	70
UT	WEA of Utah	20
VA	Virginia WEA	55
	Federal Water Quality Association (DC, MD, VA)	100
VT	New England WEA (CT, MA, ME, NH, RI, VT)	78
WA	Pacific Northwest CWA (ID, OR, WA)	73
WV	West Virginia WEA	12
WI	Central States WEA (IL, MN, WI)	40
WY	Rocky Mountain WEA (CO, NM, WY)	35
Canadian Associations in US dollars		
	Atlantic Canada Water & Wastewater Association	35
	British Columbia Water & WA	83
	Reseau Environment	235
	WEA of Ontario	99
	Western Canada WEA	65

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

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

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

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

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

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