



Membership Application

Organization: _____

New Member Name: _____

New Member Job Title: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Ph: () _____ Cell: () _____ Fax: () _____

E-mail Address: _____ Website: _____

Membership is based on an annual membership from January 1 – December 31 each year. However, if application is received after Oct. 1, membership benefits shall extend to the end of the following calendar year.

Membership Classification:

DIVISION I:

- A.** Public Agencies, Industrial Users, and Water Suppliers (includes 1 primary member and 5 additional 1B or 3A members) *please list additional members names, titles, and contact information:* \$300
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- B.** Operator Individual Membership (if Certified, please provide information) \$50
State: _____ Type: _____ Level: _____ Certification #: _____

DIVISION II:

- A.** Manufacturers, Suppliers, and Consulting Firms (includes 1 primary member and 3 additional 3B members) *please list additional members names, titles, and contact information:* \$400
 1. _____
 2. _____
 3. _____
- B.** Small Firms (Fewer than 5 employees) (includes 1 primary member and 1 additional 3B member) *please list additional members names, titles, and contact information:* \$200
 1. _____

DIVISION III:

- A.** Affiliate of Division 1A (not an Operator) \$75
- B.** Affiliate of Division 2 \$100
- C.** Interested Individuals (not affiliated with any organization) \$125
- D.** Full-Time Student/Intern (must submit proof along with application) \$25

Please indicate which committees you would be interested in serving on:

- Audit/Finance Legislative Operator Certification Public Relations
- Awards Membership Program Technology Transfer
- Bylaws/Policies Nominations/Elections Publications/Newsletter

I am interested in running for a position on the SWMOA Board of Directors

I am interested in presenting at a Symposium, Workshop, or hosting an event my facility

Make checks payable to "Southwest Membrane Operator Association"

Total Enclosed: \$ _____

Check VISA M/C AX - Credit Card #: _____ + **Expires:** _____
(16 #'s + 3 #'s listed in the signature area on the back of the Visa/MC or + 4 #'s on the front of AX)

Cardholder: _____ **Signature:** _____

CC Mailing Address: _____ **CC Zip Code:** _____