



# Membership Application

Organization: \_\_\_\_\_

New Member Name: \_\_\_\_\_

New Member Job Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Ph: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

YES  NO: I would like to receive email messages from SWMOA about Events, Newsletter or Activities:

YES  NO: I would like to network with SWMOA Members, Operators, Attendees, Speakers, Moderators, Exhibitors, Sponsors or Board, please share my contact information (cell phone # will not be shared)

**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:* \$360
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- B.** Operator Individual Membership (if Certified, please provide information) \$75  
 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:* \$480
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:* \$240
1. \_\_\_\_\_

### DIVISION III:

- A.** Affiliate of Division 1A (not an Operator) \$75
- B.** Affiliate of Division 2 \$120
- C.** Interested Individuals (not affiliated with any organization) \$150
- D~.** Full-Time Student (must submit proof along with application) – \$0  
 1<sup>st</sup> year of membership with SWMOA is complimentary
- D.** Full-Time Student/Intern (must submit proof along with application) \$25

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

- |  |   |
|--|---|
| <input type="checkbox"/> Awards                          | <input type="checkbox"/> <b>I am interested in running for a position on the SWMOA Board of Directors</b>                       |
| <input type="checkbox"/> Legislative / Regulatory        |   |
| <input type="checkbox"/> Membership                      |   |
| <input type="checkbox"/> Operator Certification          | <input type="checkbox"/> <b>I am interested in presenting at a Symposium, Workshop, or MOC, or hosting an event my facility</b> |
| <input type="checkbox"/> Program / Technology Transfer   |   |
| <input type="checkbox"/> Publications / Newsletter       |   |
| <input type="checkbox"/> Public Relations / Social Media |   |

For Security Purposes, SWMOA encourages you to use the Easy Online Application. Secure Credit Card and eCheck Payment Processing Now Available at: [www.swmoa.org](http://www.swmoa.org).