



MEMBERSHIP FORM

Name: _____ **Organization:** _____

Position/Title: _____

Email: _____ **Phone:** _____

Employer's/Organization's Website Address: _____

Organization Type:

Utility	_____	Research	_____
Engineer	_____	Academic	_____
Consultant	_____	Government	_____
Operator	_____	Municipality	_____
Regulatory Agency	_____	Other	_____

Area of Interest

Water Supply	_____	Research	_____
Water Treatment	_____	Consultant	_____
Wastewater	_____	Other	_____
Regulatory	_____		
Watershed			
Management	_____		
Technology	_____		
Infrastructure	_____		

Comments
