

URBAN WATER INSTITUTE, INC.  
2012 ANNUAL MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

MEMBERSHIP DUES:

Public Agency Sector (water agencies, cities, counties) by population:

- Up to 10,000 population.....\$500
- 10,000 to 50,000 population.....\$750
- 50,000 to 100,000 population.....\$950
- 100,000 population and over .....\$1,250

Private Business Sector (consultants, investor-owned utilities, business firms) by number of employees:

- Up to 5 employees.....\$500
- 5 to 25 employees.....\$750
- 25 to 50 employees.....\$950
- 50 employees and over..... \$1,250

Member Emeritus \$100 (Retired)

Please consider a premium dues category

- Sustaining Member.....\$1,500.00
- Patron Member.....\$2,500.00

Sustaining Members receive one conference registration free for the year and Patron Members receive two conference registrations free for the year, plus you are included in all our conference brochures and recognized as a supporter on our conference signs.

Payment Information

Check Enclosed: \$ \_\_\_\_\_       Please Charge Credit Card: Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ CSC \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Please Type or Print All Information:

Agency or Firm Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email : \_\_\_\_\_

Billing Information:

Person to whom billing should be sent-Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please indicate names and email of personnel within your company that want to receive the on-line "Alert" Newsletter

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

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

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

(For additional names, please send information on separate sheet.)

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