



MEMBERSHIP APPLICATION

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_
Employer: \_\_\_\_\_ Position: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
City/Town: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate desired Constituent Organization Membership(s):

- Western Canada Section American Water Works Association - WCS AWWA
Western Canada - Water Environment Association - WEF Membership
Northern Territories Water and Waste Association - NTWWA
Saskatchewan Water & Wastewater Association - SWWA
Alberta Water & Wastewater Operator Association - AWWOA
Manitoba Water & Wastewater Association - MWWA
Municipal Service & Suppliers Association - MSSA
MSSA Associate Membership
Western Canada - Water Environment Association - WCWEA Membership

GST IS INCLUDED IF APPLICABLE

TOTAL DUE WCW: \_\_\_\_\_

WCW does NOT sell membership lists to any outside parties. Contact information is shared with Municipal Service and Supplier Members (MSSA). MSSA is a Constituent Organization of WCW. Check box if you DO NOT want your contact information shared with MSSA members.

Payable by Cheque, VISA or MasterCard

Make all cheques payable to and mail to:
Western Canada Water
Box 1708 Cochrane AB T4C 1B6

I prefer to receive information on training events via:
Mail
Email
Do not want to receive seminar information

To be completed if paying by VISA or MasterCard:

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_