

2010 MEMBERSHIP APPLICATION

(for full-year membership January 1 – December 31 or half-year membership July 1-December 31)

Complete & fax to (540) 687-8395, or mail it to the address below Payment must accompany application and be made in US dollars drawn on US bank.

Personal Information Name: Title: Company Name: Address 1: Address 2: City/State/Zip: Is this your Home address or Business address? Phone: Fax: Email:		□International Electors □Student Member □Associate Member □Associate Member □ Membership Cerror □Charge my credit □VISA □Masteror □Card #:	(□full year/□hal tronic Member (f (full-year only: Ja r – One office (□ r – All offices (□ tificate (optional) Paymen card or card □Diner's	hip Options If-year
JOB TITLE (circle one) JT1 Management (Pres, VP, Div Head, Sect Head, Manager, Chief Eng) JT2 Engineering (Non-mgmt; i.e., Civil, Water Resources, Planning) JT3 Scientific (Non-mgmt; i.e., chemist, biologist, hydrologist,etc.) JT4 Marketing/Sales (Non-mgmt) JT5 Faculty JT6 Student JT7 Attorney JT8 Retired JT9 Computer Scientist (GIS, modeling, etc.) JT10 Elected/Appointed Official JT11 Volunteer/Interested Citizen JT12 Non-Profit JT13 Other:	DISCIPLINE (circle one) AG Agronomy BI Biology CH Chemistry EC Economics ED Education EG Engineering FO Forestry GR Geography GE Geology GI Geographic Info. Systems HY Hydrology JR Journalism LA Law LM Limnology OE Oceanography		CF C	EMPLOYER (circle one) Consulting Firm Educational Institution (Faculty/Staff) Educational Institution (Student) Local/Regional Gov't Agency State/Interstate Gov't Agency Industry Law Firm Eederal Government Retired Non-Profit Organization Other:
How did you learn about AWRA? Promotional Mailing	PH Physi PS Politi PB Publi SO Soil S OT Othe	•	HS H AA A BA E BS E MA M MS M JD J PhD D	High School Associates Bachelor of Arts Bachelor of Science Waster of Arts Master of Science luris Doctor Doctorate Other:

THANK YOU!

AWRA