



# BCWWA MEMBERSHIP APPLICATION/RENEWAL

NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	(BCWWA Membership # _____)
ANNUAL FEES: INDIVIDUAL <input type="checkbox"/> (\$50.00 yearly)	STUDENT: <input type="checkbox"/> (\$15.00 yearly)	*CERTIFIED OPERATOR: <input type="checkbox"/> (\$25.00 yearly)

Last Name (please print): \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone (Residence): \_\_\_\_\_ Phone (Business): \_\_\_\_\_  
 Fax (Business): \_\_\_\_\_ Company: \_\_\_\_\_  
 Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### JOB TITLE:

<input type="checkbox"/> Executive	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Retired
<input type="checkbox"/> Management	<input type="checkbox"/> Operations	<input type="checkbox"/> Technologist
<input type="checkbox"/> Engineering/Non-managerial	<input type="checkbox"/> Marketing & Sales/Non-managerial	<input type="checkbox"/> Other _____
<input type="checkbox"/> Scientific/Non-managerial	<input type="checkbox"/> Professorial	

### FIELD OF SERVICE (check all applicable):

<input type="checkbox"/> Public Water Supply Utility	<input type="checkbox"/> Private Industrial System or Water Wholesaler	<input type="checkbox"/> Fully Retired
<input type="checkbox"/> Government – Federal, Provincial, Local	<input type="checkbox"/> Manufacturer of Equipment & Supplies	<input type="checkbox"/> Research Lab
<input type="checkbox"/> Consulting Firm	<input type="checkbox"/> Distributor of Equipment & Supplies	<input type="checkbox"/> First Nations
<input type="checkbox"/> Contractor	<input type="checkbox"/> Educational Institutions	<input type="checkbox"/> Other _____

### AREA OF INTEREST (check all applicable):

<input type="checkbox"/> Both Water Supply & Wastewater	<input type="checkbox"/> Design	<input type="checkbox"/> Resources Management/Planning
<input type="checkbox"/> Water Supply Only	<input type="checkbox"/> Distribution	<input type="checkbox"/> SCADA/GIS
<input type="checkbox"/> Wastewater Only	<input type="checkbox"/> Ground Water	<input type="checkbox"/> Water Reuse
<input type="checkbox"/> Asset Management	<input type="checkbox"/> Management/Leadership	<input type="checkbox"/> Water Treatment
<input type="checkbox"/> Backflow	<input type="checkbox"/> Membrane Treatment	<input type="checkbox"/> Water Quality
<input type="checkbox"/> Conservation	<input type="checkbox"/> Operations	<input type="checkbox"/> Small Water Systems
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Public Information/Relations	<input type="checkbox"/> Other _____
<input type="checkbox"/> Desalination	<input type="checkbox"/> Regulatory/Legislative	

Endorsing Member's BCWWA Membership # \_\_\_\_\_

You may remit membership fees as follows:

Via mail (by cheque or credit card): Please complete this form and return to BCWWA, along with your remittance or credit card information. If using your credit card, a copy of the credit card debit will be returned to you along with your membership card: or

Via fax (by credit card): Please complete this form and fax to BCWWA. A copy of the credit card debit will be returned to you along with your membership card.

VISA  MASTERCARD   
 Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Name on Card (please print): \_\_\_\_\_  
 Signature: \_\_\_\_\_

**RETURN TO:**  
 British Columbia Water & Waste Association  
 #221 – 8678 Greenall Avenue  
 Burnaby, BC V5J 3M4  
 Fax: (604) 433-9859