

Apply Today

Join online: join.cwea.org

By mail: **CWEA**
7677 Oakport Street Ste 600
Oakland CA 94621
By email: memberservices@cwea.org



MEMBERSHIP APPLICATION

Member Information

First Name _____ Last Name _____

Agency/Company _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone number () _____ Fax () _____ Email _____

Billing Email _____

Membership Type

- CWEA Student* \$20
- CWEA Young Professional* \$145
- CWEA Membership \$192
- CWEA PWO Membership*1 \$267
- CWEA/WEF Membership* \$332
- CWEA Retiree \$96

2020 Member Get-a-Member Campaign

Who can we thank for recruiting you into the CWEA family?

1 Work on the front lines of the wastewater profession?

All trades and front-line workers (non-supervisory) are eligible for a discount with the Professional Wastewater Operations (PWO) membership level.

* Includes membership in WEF.

Join Local

Focusing specifically on your community, local sections are an easy way to get involved. Each section meets frequently. Find your local section at www.cwea.org

One complimentary local section is included in your membership; any additional sections for \$12 each. Check at least one box below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Central San Joaquin | <input type="checkbox"/> No. Sacramento Valley | <input type="checkbox"/> Santa Clara Valley |
| <input type="checkbox"/> Colorado River Basin | <input type="checkbox"/> North Coast | <input type="checkbox"/> Sierra |
| <input type="checkbox"/> Desert & Mountain | <input type="checkbox"/> Northern San Joaquin | <input type="checkbox"/> Sacramento Are |
| <input type="checkbox"/> Golden Empire | <input type="checkbox"/> Redwood Empire | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Los Angeles Basin | <input type="checkbox"/> San Francisco Bay | <input type="checkbox"/> Tri-Counties |
| <input type="checkbox"/> Monterey Bay | <input type="checkbox"/> Santa Ana River Basin | |

Payment

Please make check payment to: CWEA or pay by credit card:

- VISA MASTERCARD DISCOVER AMEX
- Check here to **auto-renew membership** each year by credit card

TOTAL \$ _____

Signature _____ Last Name _____

Account number _____ Expiration date _____

Name of account holder _____ Billing zip code _____

