Application for PWEA Life Membership

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*must be age 65 or older to be eligible for Life Member status*)

**WEF/PWEA Membership Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a WEF Life Member?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If “Yes”, Date When WEF Life Membership status was granted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PWEA-only Membership Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year When You First Became a PWEA Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where would you like your PWEA Life Member Certificate mailed to?**

[ ]  Home [ ]  Office [ ]  Receive at PWEA Annual Conference Awards Ceremony

**I certify that I have been a dues-paying State Association (PWEA) Only Member for 35 or more years; OR an Individual Water Environment Federation (WEF) Member or the designated representative of a Group or Corporate WEF Member and a dues-paying PWEA Member for 35 or more years.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail, fax or email completed form to:**

PWEA – PO Box 3367

Gettysburg, PA 17325

717-303-5219 (fax)

pwea@pwea.org