

PLEASE COMPLETE THE FOLLOWING SECTION

What is the nature of your ORGANIZATION? (circle only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Municipal/District Water and Wastewater Systems and/or Plants
<input type="checkbox"/> Municipal/District Wastewater Only Systems and/or Plants
<input type="checkbox"/> Municipal/District Water Only Systems and/or Plants
<input type="checkbox"/> Industrial Systems/Plants (Manufacturing, Processing, Extraction) | <input type="checkbox"/> Consulting or Contracting Firm (e.g., Engineering, Contracting and Environmental)
<input type="checkbox"/> Government Agency (e.g., US EPA, State Agency, etc.)
<input type="checkbox"/> Research or Analytical Laboratories
<input type="checkbox"/> Educational Institution (Colleges and Universities, Libraries, and other related organizations) | <input type="checkbox"/> Manufacturer of Water/ Wastewater Equipment or Products
<input type="checkbox"/> Water/Wastewater Product Distributor or Manufacturer's Rep
<input type="checkbox"/> Other (please specify) _____ |
|---|---|--|

What is your Primary JOB FUNCTION?

- | | | |
|--|--|--|
| <input type="checkbox"/> Upper or Senior Management (e.g., President, Vice President, Owner, Director, Executive Director, General Manager, Mayor, etc.)
<input type="checkbox"/> Engineering, Laboratory and Operations Management (e.g., Superintendent, Manager, Section Head, Department Head, Chief Engineer, Division Head, etc.) | <input type="checkbox"/> Engineering and Design Staff (e.g., Consulting Engineer, Civil Engineer, Mechanical Engineer, Chemical Engineer, Planning Engineer, etc.)
<input type="checkbox"/> Scientific and Research Staff (e.g., Chemist, Biologist, Analyst, Lab Technician, etc.) | <input type="checkbox"/> Purchasing/Marketing/Sales (e.g., Purchasing, Sales Person, Market Representative, Market Analysis, etc.)
<input type="checkbox"/> Operations (e.g., Shift Supervisor, Foreman, Plant Operator, Service Representative, Collection Systems Operator, etc.)
<input type="checkbox"/> Educator (e.g., Professor, Teacher, etc.) |
|--|--|--|

What areas do you consider to be your KEY FOCUS AREAS? (circle all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Collection Systems
<input type="checkbox"/> Drinking Water
<input type="checkbox"/> Industrial
<input type="checkbox"/> Water/Wastewater/Process Water
<input type="checkbox"/> Groundwater
<input type="checkbox"/> Odor/Air Emissions
<input type="checkbox"/> Land and Soil Systems | <input type="checkbox"/> Legislation (Policy, Legislation, Regulation)
<input type="checkbox"/> Public Education/Information
<input type="checkbox"/> Residuals/Sludge/Biosolids/Solid Waste
<input type="checkbox"/> Stormwater
<input type="checkbox"/> Toxic and Hazardous Material
<input type="checkbox"/> Utility Management and Environmental | <input type="checkbox"/> Wastewater
<input type="checkbox"/> Water Reuse and/or Recycle
<input type="checkbox"/> Watershed/Surface Water Systems
<input type="checkbox"/> Water/Wastewater Analysis and Health/Safety Water Systems
<input type="checkbox"/> Other |
|---|---|--|

How many years have you worked in the industry?

- 1-5
 6-10
 11-20
 21-30
 > 30

Education Level:

- High School
 Technical School
 Some College
 Associates Degree
 Bachelors Degree
 Masters Degree
 JD
 PhD

Education/Concentration Area(s)

- Physical Sciences (Chemistry, Physics, etc.)
 Biological Sciences
 Engineering Sciences
 Liberal Arts
 Law
 Business

OPTIONAL INFORMATION:

Gender:

- Male Female

Date of Birth:

____ / ____ / ____
 Month Day Year

Are you under the age of 35?

- Yes No

Method of Payment

- Check Enclosed (made payable to PWEA)
 VISA
 MasterCard
 American Express

Credit Card # _____

3- or 4-digit Security Code from back of card _____ Expiration Date: _____

Name as it appears on credit card: _____

Billing Address of credit card: _____

(Address)

(City)

(State)

(Zip)

Send Membership Application and Payment to:

PWEA
P.O. Box 3367
Gettysburg, PA 17325
FAX: 717-642-9508 ~~~ PHONE: 717-642-9500
pwea@pwea.org