



## Application for PWEA Life Membership

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

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

\_\_\_\_\_

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](mailto:pwea@pwea.org)