



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 796
Harrisburg, PA 17108
717-303-5219 (fax)
pwea@pwea.org