PUBLIC AGENCY
APPLICATION

The Board of Directors of the undersigned Public Agency approves membership in the Association of California Water Agencies and requests approval of the governing body of the Association.

We have been apprised that 20_____ membership dues for this public agency are $_____.

Please complete the form and return with the membership dues (make check payable to ACWA) to ACWA by:
Mail: 980 9th Street, Suite 1000, Sacramento, CA 95814 | Email: membership@acwa.com | Fax: (916) 325-2316

Questions? Call ACWA's Member Services & Events Department at (916) 441-4545.

Public Agency: Date:

Referred/Sponsored by (name and organization):

ORGANIZATION INFORMATION

Public Agency: Date Agency was Founded:

Mailing Address: City/State/Zip:

Physical Address: City/State/Zip:

County: Website:

Main Phone: ( ) Main Fax: ( )

Brief description of your organization:

Scheduled Board Meeting Day: Time:

Month of Board Election: ☐ Odd Year ☐ Even Year

Predecessor Agency: No. of Employees:

Public Agency Formation Act (check one):
☐ California ☐ County ☐ Irrigation ☐ Municipal ☐ Other (specify):

MEMBERSHIP INFORMATION

Name of person to whom all membership-related should be sent.

Name: Title:

Address: ☐ Same as main business address

City/State/Zip: Email:

Phone: ( ) Fax: ( )

BILLING INFORMATION

Name of person to whom all dues-related materials should be sent.

Name: Title:

Address: ☐ Same as main business address

City/State/Zip: Email:

Phone: ( ) Fax: ( ) Fiscal Year End Date:

AGENCY REPRESENTATIVES

General Manager:

Address: ☐ Same as main business address

City/State/Zip: Email:

Phone: ( ) Fax: ( )

Human Resource Manager:

Address: ☐ Same as main business address

City/State/Zip: Email:

Phone: ( ) Fax: ( )

Board Secretary/Clerk of the Board:

Address: ☐ Same as main business address

City/State/Zip: Email:

Phone: ( ) Fax: ( )

Employee Benefits Contact:

Address: ☐ Same as main business address

City/State/Zip: Email:

Phone: ( ) Fax: ( )

Attorney:

Agency Employee? ☐ Yes ☐ No On Retainer? ☐ Yes ☐ No

Address: ☐ Same as main business address

City/State/Zip: Email:

Phone: ( ) Fax: ( )

Chief Engineer:

Agency Employee? ☐ Yes ☐ No On Retainer? ☐ Yes ☐ No

Address: ☐ Same as main business address

City/State/Zip: Email:

Phone: ( ) Fax: ( )

Communications/Public Information Contact:

Agency Employee? ☐ Yes ☐ No | On Retainer? ☐ Yes ☐ No

Address: | ☐ Same as main business address

City/State/Zip: | Email:

Phone: ( ) | Fax: ( )

Legislative Contact:

Agency Employee? ☐ Yes ☐ No | On Retainer? ☐ Yes ☐ No

Address: | ☐ Same as main business address

City/State/Zip: | Email:

Phone: ( ) | Fax: ( )

Operations Manager:

Agency Employee? ☐ Yes ☐ No | On Retainer? ☐ Yes ☐ No

Address: | ☐ Same as main business address

City/State/Zip: | Email:

Phone: ( ) | Fax: ( )

Water Quality Issues Representative:

Agency Employee? ☐ Yes ☐ No | On Retainer? ☐ Yes ☐ No

Address: | ☐ Same as main business address

City/State/Zip: | Email:

Phone: ( ) | Fax: ( )

BOARD OF DIRECTORS (attach roster, if necessary)

Name: | Board Position/Title:

Address: | ☐ Same as main business address

City/State/Zip: | Email:

Phone: ( ) | Fax: ( )

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ESTIMATE MEMBERSHIP DUES WORKSHEET

Public Agency: Date:

Prepared By: Phone:

_____Dues are based on _____ State Controllers' report for the _____ fiscal year or calendar year ending _____.

CATEGORY	AMOUNT	NOTES
1. Expenses		Include all operating & maintenance (O&M) expenses including general, administrative, waste water, etc.
DEDUCT (2-6)		
2. Purchased Power		Power purchased for resale ONLY
3. Water Purchase		
4. Ground Water Replenishment		
5. Depreciation		
6. Fixed Assets		Include ONLY assets included in O&M
7. Total Adjusted Expenses		If less than total on line 10, use this figure for **Adjusted O&M** on dues schedule
8. Less: Pumping		
9. Total Expenses After Pumping		
10. Double Above		Multiply line 9 by 2. If less than total on line 7, use this figure for **Adjusted O&M** on dues schedule
11. Adjusted O&M		Total from line 7 or line 10 (whichever is less)
12. Annual Dues		Figure from current dues schedule
13. Prorated Dues		Annual dues divided by 12 then multiply by the number of months remaining in the current year

This figure is an estimate for your use only. Before membership application can be processed, financial information must be furnished to ACWA's Accounting Department for final dues figure.