

The Board of Directors of the undersigned Affiliate organization approves affiliate status in the Association of California Water Agencies.

We have been apprised that 20____ affiliate fee for this organization are \$_____.

Please complete the form and return with the affiliate fee (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.

Organization: _____ Date: _____

Referred/Sponsored by (name and organization): _____

ORGANIZATION INFORMATION

Organization: _____ Date Organization 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 billing materials should be sent.

Name:	Title:	
Address:	☐ Same as main business address	
City/State/Zip:	Email:	
Phone: ()	Fax: ()	Fiscal Year End Date:

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 ☐ NoOn Retainer? ☐ Yes ☐ No

Address:

☐ Same as main business address

City/State/Zip:

Email:

Phone: ()

Fax: ()

Legislative Contact:Agency Employee? ☐ Yes ☐ NoOn Retainer? ☐ Yes ☐ No

Address:

☐ Same as main business address

City/State/Zip:

Email:

Phone: ()

Fax: ()

Operations Manager:Agency Employee? ☐ Yes ☐ NoOn Retainer? ☐ Yes ☐ No

Address:

☐ Same as main business address

City/State/Zip:

Email:

Phone: ()

Fax: ()

Water Quality Issues Representative:Agency Employee? ☐ Yes ☐ NoOn 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: ()

Name:

Board Position/Title:

Address:

☐ Same as main business address

City/State/Zip:

Email:

Phone: ()

Fax: ()

Name:

Board Position/Title:

Address:

☐ Same as main business address

City/State/Zip:

Email:

Phone: ()

Fax: ()

Name:	Board Position/Title:
Address:	☐ Same as main business address
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City/State/Zip:	Email:
Phone: ()	Fax: ()

ESTIMATE MEMBERSHIP DUES WORKSHEET

Organization: _____ 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.