

ENROLLMENT PROCESS

1. To initiate your enrollment, please submit your completed application below.
2. Submit your annual support payment by check (payable to ACWA) or credit card. Mail check to 980 9th Street, Suite 1000, Sacramento, CA 95814. For credit card payment, call (916) 669-2443.

Please note: Associate term is based on calendar year (January 1 - December 31) regardless of join date. No proration of annual support payment will be applied.

For any questions regarding associate membership, please contact ACWA's Business Development Representative at (916) 669-2429.

ASSOCIATE TIERS

☐ Associate (\$1,350/year)

☐ Associate+ (\$1,800/year)

ORGANIZATION INFORMATION

Company Name:

Website:

Mailing Address:

City/State/Zip:

Physical Address:

City/State/Zip:

Main Phone: ()

Alternate Phone: ()

County:

Social Media Handle:

Brief description of your organization:

ASSOCIATE INDUSTRY TYPE

Please **select one** category which best describes your organization.

☐ Accounting/Accountants

☐ Well Rehab & Drilling

☐ Social Services

☐ Banking/Investment Banking

☐ Wholesaler

☐ Billing/Mailing Services

☐ Financial Advising/Asset Management

☐ Consulting Agency

☐ Computer/Software Services

☐ Rating Agency

☐ Energy Consultant/Supplier

☐ Diving Services

☐ Architecture Association

☐ Environmental Consultant/Planning

☐ Insurance Broker/Carrier

☐ Construction Designing/Planning

☐ Management Consultant

☐ Laboratory Services

☐ Engineering/Solar Engineering

☐ Security Consultant

☐ Law Firm/Attorney

☐ Farm/Ranch

☐ Education/Colleges/Universities

☐ Real Estate/Property Management

☐ Manufacturer/Dealer of Products

☐ Government

☐ Other _____

☐ Water Company

☐ Lobby Group

☐ Water Treatment

☐ Public Relations

CONTACT INFORMATION

PRIMARY ACWA CONTACT

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

Name:	Title:
Address:	☐ Same as company's mailing address
City/State/Zip:	Email:
Phone: ()	
Do you wish to obtain access to the ACWA registration event website? ☐ Yes ☐ No	

BILLING CONTACT

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

Name:	Title:
Address:	☐ Same as company's mailing address
City/State/Zip:	Email:
Phone: ()	
Do you wish to obtain access to the ACWA registration event website? ☐ Yes ☐ No	

EVENT CONTACT

Name of person to whom **event registration information** should be sent.

Name:	Title:
Address:	☐ Same as company's mailing address
City/State/Zip:	Email:
Phone: ()	
Do you wish to obtain access to the ACWA registration event website? ☐ Yes ☐ No	

ACWA NEWSLETTER RECIPIENTS

List the individuals who are to receive *ACWA News*, a monthly newsletter from ACWA, with 5 free copies allocated per Associate organization.

Name:	Title:
Address:	☐ Same as company's mailing address
City/State/Zip:	Email:
Phone: ()	
How would you like to subscribe to <i>ACWA News</i> ? ☐ Printed & Digital ☐ Digital only	

Name:	Title:
Address:	☐ Same as company's mailing address
City/State/Zip:	Email:
Phone: ()	
How would you like to subscribe to <i>ACWA News</i> ? ☐ Printed & Digital ☐ Digital only	

Name:	Title:
Address:	☐ Same as company's mailing address
City/State/Zip:	Email:
Phone: ()	
How would you like to subscribe to ACWA News? ☐ Printed & Digital ☐ Digital only	

Name:	Title:
Address:	☐ Same as company's mailing address
City/State/Zip:	Email:
Phone: ()	
How would you like to subscribe to ACWA News? ☐ Printed & Digital ☐ Digital only	

Name:	Title:
Address:	☐ Same as company's mailing address
City/State/Zip:	Email:
Phone: ()	
How would you like to subscribe to ACWA News? ☐ Printed & Digital ☐ Digital only	

PAYMENT INFORMATION

Select Payment Type:

- ☐ Check mailed (payable to ACWA) ☐ Credit card payment: Call ACWA's Accounting Dept. at (916) 669-2443

FORM PREPARED BY

Name:	Title:
Phone:	Email:

SUBMIT

Thank you for your interest in the Association of California Water Agencies.
We look forward to welcoming you as an associate to ACWA.