

**ILLINOIS ASSOCIATION OF WASTEWATER AGENCIES  
APPLICATION FOR MEMBERSHIP**

The undersigned hereby applies for membership in the Illinois Association of Wastewater Agencies:

**AFFILIATE MEMBERSHIP**

Company Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Company Fax Number \_\_\_\_\_

Company Web Site Address \_\_\_\_\_

Billing Address and Contact Person (if invoice is to be sent to a different location) \_\_\_\_\_

Company Contacts: (Please list the people in your organization that should receive Association information distributed from our office. If more space is needed, please continue on the back of this form.)

\_\_\_\_\_  
(Name) (Title) (Email Address)

\_\_\_\_\_  
(Address) (City, State, Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number)

\_\_\_\_\_  
(Name) (Title) (Email Address)

\_\_\_\_\_  
(Address) (City, State, Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number)

\_\_\_\_\_  
(Name) (Title) (Email Address)

\_\_\_\_\_  
(Address) (City, State, Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Dues for Affiliate Members are \$647.00 per year**

*Complete and return with check for Annual Dues to:*

**Illinois Association of Wastewater Agencies  
241 North Fifth Street  
Springfield, IL 62701  
217-523-1814**