



ENVIRONMENTAL &
WATER RESOURCES
INSTITUTE

EWRI ORGANIZATIONAL MEMBERSHIP APPLICATION

Date _____

Organization Information

Organization Name _____ Type _____

Phone _____ Fax _____

Web Site: _____

Org. Address _____

City _____ State _____ Postal Code _____ Country _____

Organization Contact _____ Phone # _____

E-mail address _____

ASCE/EWRI Member # _____

A brief description for the website: _____

Designated Representative (to receive free membership)

Name _____ Credentials _____ DOB _____

Phone _____ Fax _____ E-mail _____

Business Address (if different from above) _____

City _____ State _____ Postal Code _____ Country _____

Home Address _____

City _____ State _____ Postal Code _____ Country _____

Payment Method

Check (payable to EWRI in US dollars drawn on a US bank), Organizational Membership Dues: \$500

Amount \$ _____ Check # _____ or CC # _____ Exp. _____

- Visa
- Diners
- MasterCard
- America Express
- Discover

Signature _____ Date _____

Send Completed Form and \$500 Organizational Membership Dues to:

EWRI of ASCE
1801 Alexander Bell Drive
Reston, VA 20191-4400

or by fax to:
703-295-6371