



ACWA Membership Information

Agency / Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

Primary Contact Person: _____

*If other members of your organization wish to be on our mailing list please provide their contact information.

Check the box (es):

Public Agency - Wastewater

Total Design Flow of _____ MGD

Stormwater Only category

____Phase 1 principal ____Phase 1 co permittees ____Phase II

Wastewater/stormwater combined

Associate Membership

Total Oregon employees involved in water quality: _____

Amount Enclosed: _____

We would like to join these ACWA Committees:

Biosolids/Recycled Water Committee

Pretreatment Committee

Education Committee

Legal Committee

Groundwater Committee

Water Quality Committee

Stormwater Committee

Energy Committee

Legislative Committee

Utility Management Committee