

Western Canada Water

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www.wcwwa.ca

MEMBERSHIP APPLICATION

First Name:	Init	tial:	Last Name:				
Employer:			Position:				
Address:			Phone:	_()		
City/Town:			Fax:	_()		
Province:	Postal Code:		Email:				
Please indicat	e desired Constituent Or	ganization M	embership	o(s):			
Western Canada Section American Water Works Association - WCS AWWA www.wcsawwa.net							
GST IS INCLUD	ED IF APPLICABLE					TOTAL DUE V	vcw:
WCW does NOT sell membership lists to any outside parties. Contact information is shared with Municipal Service and Supplier Members (MSSA). MSSA is a Constituent Organization of WCW. Check box if you DO NOT want your contact information shared with MSSA members.							
Payable I	by Cheque, VISA or Master	Card					
Western C Box 1708 (neques payable to and mail to: Canada Water Cochrane AB T4C 1B6 aying by VISA or MasterCard:		I prefer	to receive ir Mail Email Do not wa		on training ve seminar	
	ard Number	Expiry Date		d Holder Nam			gnature
Memberships are NOT VALID WITHOUT PAYMENT are Non-Transferable and Non-Refundable							