

Municipal/Utility Membership Application

Thank you for becoming a Founding Member of the WEF SWI!

The SWI Municipal/Utility Membership is open to MS4s, CSO communities, and agencies who are actively engaged in meeting Phase I and Phase II NPDES permit requirements such as: Municipalities, Counties, Utilities, Regional Permit Holders, and Non-Traditional MS4 permit holders. Founding Members (those who join in the first year) of the SWI may use this designation with pride to show your support and leadership in the stormwater field; and will be identified as such in WEF/SWI publications. Annual rates for Municipal/Utility Members are based on population served and will be billed according to your anniversary date. Each SWI Municipal/Utility Member should identify one (1) Primary Contact and one (1) Alternate Contact who will be the recipients of information from the SWI, invitations to SWI events, and your conduit to the SWI. If either of the contacts change, please notify the SWI. Additionally we encourage you to fill out the SWI Municipal/Utility Member Demographic Information section so that we may better plan and serve you – our SWI Founding Members!

Primary Contact Information			
First Name		Last Name	
Title		Organization Name	
Street or P.O. Box		City	
State/Province		Country	Postal Code
Business Phone	Mobile	E-mail	

Secondary Contact Information			
First Name		Last Name	
Title		Organization Name	
Street or P.O. Box		City	
State/Province		Country	Postal Code
Business Phone	Mobile	E-mail	

Demographic Information			
Coverage Area <i>Check all that apply</i> <ul style="list-style-type: none"> <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Regional MS4 <input type="checkbox"/> Municipal MS4 <input type="checkbox"/> Utility MS4 <input type="checkbox"/> Non-Traditional <input type="checkbox"/> CSO <input type="checkbox"/> SSO <input type="checkbox"/> Combined <input type="checkbox"/> Urban <input type="checkbox"/> Peri-Urban <input type="checkbox"/> Other: _____ 	SW Financing <i>Check all that apply</i> <ul style="list-style-type: none"> <input type="checkbox"/> Fee Financed <input type="checkbox"/> Tax Financed <input type="checkbox"/> Dedicated Fund <input type="checkbox"/> General Fund <input type="checkbox"/> Other: _____ 	What are the top SW Issues <i>Rank top 3</i> <ul style="list-style-type: none"> <input type="checkbox"/> Flooding <input type="checkbox"/> Nutrients <input type="checkbox"/> Sediment <input type="checkbox"/> TMDLs <input type="checkbox"/> Aging Infrastructure <input type="checkbox"/> Stream Restoration <input type="checkbox"/> BMP Management <input type="checkbox"/> Agriculture Runoff <input type="checkbox"/> Bacteria <input type="checkbox"/> Public Engagement/Participation <input type="checkbox"/> Funding <input type="checkbox"/> Other: _____ 	SW Assistance Needs <i>Rank Top 5</i> <ul style="list-style-type: none"> <input type="checkbox"/> Public Outreach <input type="checkbox"/> Public Involvement <input type="checkbox"/> Political Support <input type="checkbox"/> Policy Development <input type="checkbox"/> IDDE <input type="checkbox"/> Monitoring <input type="checkbox"/> Construction Runoff <input type="checkbox"/> Ag Runoff <input type="checkbox"/> Good Housekeeping <input type="checkbox"/> Pollution Prevention <input type="checkbox"/> Green Infrastructure <input type="checkbox"/> Financing <input type="checkbox"/> Other: _____

Municipal/Utility Member Rates	
Population	Annual Rate
<input type="checkbox"/> < 100,000	\$1,500
<input type="checkbox"/> 100,000 – 250,000	\$2,500
<input type="checkbox"/> 250,000 – 500,000	\$5,000
<input type="checkbox"/> 500,000 – 750,000	\$7,500
<input type="checkbox"/> 750,000 – 1,000,000	\$10,000
<input type="checkbox"/> > 1,000,000	\$20,000

Please enter amount in Payment section.

For more information

Chris French
 Director, SWI
 CFrench@wef.org
 703-684-2400
 Ext. 2423

Marlou Gregory
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 MGregory@wef.org
 703-684-2400
 Ext. 2460

Mail Form & Payment to:
 Stormwater Institute
 Attn: SWI Membership
 c/o Water Environment Federation
 601 Wythe Street, Alexandria, VA 22314

Payment		Forms received without payment will not be processed		Federal Tax ID #: 53-0225129	
<input type="checkbox"/> Check	Check No.				
<input type="checkbox"/> Purchase Order					
<input type="checkbox"/> Credit Card <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA					
Card Number		Exp Date	CVV		
Name on Card					
Billing Address					
City			State/Province		
Country			Postal Code		
Signature		TOTAL		\$	
I authorize WEF to charge my credit card for the amount indicated.					

Approval	
Signature <i>(Signature required for all applications)</i>	Date