

Technology/Service Provider Membership Application

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

This SWI membership is open to consulting firms; engineering firms; equipment manufacturers; laboratories; technology companies; construction companies; and law firms. 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 Technology/Service Provider Members are based on total number of employees that work for your company and will be billed according to your anniversary date. Each SWI Technology/Service Provider 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 Technology/Service Provider Members 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			
Type of Organization <i>Check all that apply</i>	Stormwater Clients Served <i>Check all that apply</i>	What are the top Stormwater Issues Rank Top 3	Products/Services You Provide <i>Check all that apply</i>
<input type="checkbox"/> Consulting <input type="checkbox"/> Engineering <input type="checkbox"/> Equipment Mfg. <input type="checkbox"/> Laboratory <input type="checkbox"/> Technology <input type="checkbox"/> Construction <input type="checkbox"/> Law Firm <input type="checkbox"/> Other: _____	<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: _____	<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: _____	<input type="checkbox"/> Public Outreach <input type="checkbox"/> Policy Development <input type="checkbox"/> IDDE <input type="checkbox"/> P2 Plans <input type="checkbox"/> Monitoring/Lab <input type="checkbox"/> Program Mgt. <input type="checkbox"/> Green Infrastructure <input type="checkbox"/> Financing/Fees <input type="checkbox"/> Watershed Plans <input type="checkbox"/> Stream Restoration <input type="checkbox"/> Other: _____

Technology/Service Provider Member Rates	
Number of Employees	Annual Rate
<input type="checkbox"/> 1 – 50	\$1,500
<input type="checkbox"/> 50 – 100	\$3,000
<input type="checkbox"/> 100 – 500	\$5,000
<input type="checkbox"/> 500 – 1000	\$7,500
<input type="checkbox"/> 1000 – 5000	\$15,000
<input type="checkbox"/> > 5000	\$20,000

Please enter amount in Payment section.

For more information

Seth P. Brown, PE
 Director, Stormwater Programs
 SBrown@wef.org
 202-774-8097

Marlou Gregory
 Sr. Advisor, SWI
 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"/> 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					<table border="1"> <tr> <td>TOTAL</td> <td>\$</td> </tr> </table>	TOTAL	\$
TOTAL	\$						
<i>I authorize WEF to charge my credit card for the amount indicated.</i>							

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