

Governmental Agency Subscriber Form

Thank you for being a Subscriber of the WEF SWI!

Governmental Agency Subscribers are governmental agencies or governmental organizations that are not NPDES permit holders. In addition to other benefits, SWI Subscribers are regularly listed and thanked on our website and in WEF/SWI publications. Annual rates for Governmental Agency Subscribers are based on level of government and will be billed according to your anniversary date. Each Governmental Agency Subscriber 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. For state/regional and national organizations, we offer the ability to identify additional contacts, which may be listed on the back of this form. If any of your contacts change, please notify the SWI. Additionally, we encourage you to fill out the Demographic Information section so that we may better plan and serve you – our SWI Subscribers!

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 Government Agency <i>Choose most appropriate</i> <input type="checkbox"/> Local <input type="checkbox"/> State/Province <input type="checkbox"/> Regional <input type="checkbox"/> National Please identify _____ <input type="checkbox"/> International <input type="checkbox"/> Quasi-Governmental	Area(s) of Influence <i>Check all that apply</i> <input type="checkbox"/> Individuals <input type="checkbox"/> Municipalities <input type="checkbox"/> Businesses <input type="checkbox"/> Industry <input type="checkbox"/> Agriculture <input type="checkbox"/> Elected officials <input type="checkbox"/> Educational Institutions	What are the top Stormwater Issues <i>Rank top 3</i> <input type="checkbox"/> Flooding <input type="checkbox"/> BMP Management <input type="checkbox"/> Nutrients <input type="checkbox"/> Agriculture Runoff <input type="checkbox"/> Sediment <input type="checkbox"/> Bacteria <input type="checkbox"/> TMDLs <input type="checkbox"/> Public Engagement/Participation <input type="checkbox"/> Aging Infrastructure <input type="checkbox"/> Funding <input type="checkbox"/> Stream Restoration <input type="checkbox"/> Other _____	Area(s) of Focus <i>Check all that apply</i> <input type="checkbox"/> Policy Development <input type="checkbox"/> Engineering <input type="checkbox"/> Outreach/Communication <input type="checkbox"/> Regulatory Oversight <input type="checkbox"/> Maintenance <input type="checkbox"/> Conservation <input type="checkbox"/> Compliance <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Watersheds <input type="checkbox"/> Inspection <input type="checkbox"/> Planning <input type="checkbox"/> Water Quality <input type="checkbox"/> Monitoring <input type="checkbox"/> Research <input type="checkbox"/> Land Use <input type="checkbox"/> Laboratory <input type="checkbox"/> Training/Educations <input type="checkbox"/> Pollution Prevention <input type="checkbox"/> Certification <input type="checkbox"/> Natural Sciences <input type="checkbox"/> Green Infrastructure

Governmental Agency Subscriber Rates		
Level of Government	No. of contacts	Annual Rate
<input type="checkbox"/> Local	2	\$1,500
<input type="checkbox"/> State/Regional	6	\$3,000
<input type="checkbox"/> Federal	10	\$7,500

Please enter amount in Payment section, and complete any additional contact information on the back of this form.

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 style="background-color: #800000; color: white; text-align: center;">TOTAL</td> <td style="text-align: center;">\$</td> </tr> </table>			TOTAL	\$
TOTAL	\$						
I authorize WEF to charge my credit card for the amount indicated.							

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

Additional 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	

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