

Academic Institutional Membership Application

(Please Type or Print Clearly)

Date: _____

University/Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Lead Delegate: _____ Department: _____

Phone: _____ E-mail: _____

Please attach a list of the 7 additional delegates including their mailing address, department and email address.

MEMBERSHIP BENEFITS INCLUDE:

- Access to the *Journal of Contemporary Water Research and Education*.
- Reduced registration fees at the UCOWR Annual Conference.
- Increased networking opportunities with water resource leaders in business, government, and academia.
- Opportunity to receive a scholarship for a graduate student to attend WaterSmart Innovations Conference.
- Opportunity to serve as a UCOWR delegate and have a voice in the governance of UCOWR (1 lead delegate and up to 7 additional voting members).

	Annual	2-Years	3-Years	Permanent
Membership dues:	\$ 450	850	1,200	\$9,000

Membership is based on the July 1 – June 30 fiscal year.
For additional information call Staci at UCOWR at (618) 536-7571.

PAYMENT MUST ACCOMPANY FORM

UCOWR FEIN 47-0617822

Select membership choice: _____ Annual _____ 2 years _____ 3 years _____ Permanent

For the period: July 1, 20____ to June 30, 20____

Visa MasterCard Discover American Express Check # _____ (payable to UCOWR)

Card Number: _____ Exp Date: _____ Sec Code _____

Cardholder's Name: _____ Cardholder's Zip: _____

Cardholder's Email: _____

MAIL membership application with payment to: UCOWR, 1231 Lincoln Drive, Mail Code 4526, SIU Carbondale, Carbondale, IL 62901 **or** **FAX** membership application with credit card information to UCOWR at 618-453-2671.

Organization/Company Name: _____

	Delegate Name	Mailing Address	Email Address
Lead			
#1			
#2			
#3			
#4			
#5			
#6			
#7			