

Academic Institutional Membership Application

Please Type or Print Clearly)			Date:		
Jniversity/Institution:					
Mailing Address:					
City:	State:	Zip:	Country: _		
ead Delegate:		Department:			
Phone:	E-mail:				
Please attach a list of the 7 ad	ditional delegates incl	uding their mailing ad	dress, departmen	t and email addre	
MEMBERSHIP BENEFITS IN	ICLUDE:				
Increased networkinOpportunity to receiOpportunity to serve	ive a scholarship for a gra	er resource leaders in buaduate student to attender and have a voice in the go	WaterSmart Innova	tions Conference.	
Membership dues:			1 2-Years 3-Yea \$1150 \$16		
Membership is based on the J For additional information	· ·				
PAYMENT MUST ACCOMP	ANY FORM		UCOWR FEIN	47-0617822	
Select membership choice	e: Annual	2 years 3	yearsP	ermanent	
For the period: July 1, 20	to June 30, 20				
□ _{Visa} □ _{MasterCard}	□ Discover □ A	merican Express 🔲 (Check #	(payable to UCOWR)	
Card Number:		Exp Date:	Sec Cod	de	
Cardholder's Name:		C	Cardholder's Zip:		
Cardholder's Email:					

E-Mail: ucowr@siu.edu http://www.ucowr.org

UCOWR at 618-453-7475.

Organization/Company Name: _	
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	Delegate Name	Mailing Address	Email Address
Lead			
Alt. Lead			
#2			
#3			
#4			
#5			
#6			
#7			