

Academic Institution Membership Application

Application Date: _____

University/Institution: _____

Mailing Address: _____

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

Lead Delegate: _____ Department: _____

Phone: _____ E-mail: _____

Please make sure to include your completed list of delegates on the second page.

MEMBERSHIP BENEFITS INCLUDE:

- Reduced publication fees and access to the *Journal of Contemporary Water Research & Education*.
- Discounts for our dynamic UCOWR/NIWR Annual Conference.
- Connection to a growing network of over 65 institutions nationwide.
- Opportunity to serve as a UCOWR delegate and have a voice in the governance of UCOWR.
- Eligibility to make nominations for UCOWR Board of Directors and annual UCOWR Awards.
- Opportunity to be recognized for outstanding career achievements through annual awards and scholarships.
- Advertisement of graduate assistantships and other student opportunities via our website.

| | Annual | 2-Years | 3-Years | Permanent |
|-----------------------|--------|---------|---------|-----------|
| Membership dues:..... | \$600 | \$1150 | \$1650 | \$12,000 |

Membership is based on the July 1 – June 30 fiscal year.

PAYMENT MAY BE MADE WITH CHECK OR CREDIT CARD

UCOWR FEIN 47-0617822

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

For the period: July 1, 20____ through June 30, 20 _____

Paying by credit card:

Email membership application and delegate list to ucowr@siu.edu and [Make Credit Card Payment Here](#)

Paying by check:

Email or mail membership application and delegate list, and mail check payment to:
UCOWR, 1231 Lincoln Drive, Mail Code 4526, SIU Carbondale, Carbondale, IL 62901

For additional information or questions:

Phone: 618.536.7571

E-Mail: ucowr@siu.edu

<http://www.ucowr.org>

University/Institution: _____

| | Delegate Name | Department | Email Address |
|-----------------------|---------------|------------|---------------|
| #1 (Lead Delegate) | | | |
| #2 | | | |
| #3 | | | |
| #4 | | | |
| #5 | | | |
| #6 | | | |
| #7 | | | |
| #8 | | | |
| #9 | | | |
| #10 | | | |