

Individual Membership Application

(Please Type or Print Clearly)

Date: _____

Last Name: _____ First Name: _____

Institution/Company Name: _____

Mailing Address: _____

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

Phone: _____ E-mail: _____

Recommended by (if applicable): _____

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.

Individual Membership Dues

- **Domestic: \$100**
- **Foreign: \$120**

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

PAYMENT MUST ACCOMPANY THIS FORM

UCOWR FEIN 47-0617822

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.