

**AWBD MEMBERSHIP APPLICATION /
MEMBERSHIP INFORMATION UPDATE**

INSTRUCTIONS: Fill out completely and return to AWBD Office, 400 Randal Way, Suite 307, Spring, Texas 77388. Membership application must be accompanied by a check for \$550.00 for Association dues. A member district or firm is entitled to receive six copies of the AWBD *Journal*.

CHECK ONE: -DISTRICT APPLICATION -DISTRICT UPDATE -CONSULTANT APPLICATION

- **IF MEMBERSHIP APPLICATION IS FOR A WATER DISTRICT, COMPLETE PART A**
- **IF THIS IS A WATER DISTRICT UPDATE, COMPLETE PARTS A & B**
- **IF THIS IS A CONSULTANT APPLICATION OR UPDATE, COMPLETE PART C**
- **IF MEMBERSHIP WAS RECRUITED BY ANOTHER AWBD MEMBER, COMPLETE PART D**

PART A: _____

NAME OF WATER DISTRICT: _____ County: _____

DIRECTORS: (Indicate AWBD Member Representative by writing or typing AWBD next to name)

BOARD PRESIDENT: _____
Name Address City Zip
Area Code / Day Phone FAX e-mail

VICE PRESIDENT: _____
Name Address City Zip
Area Code / Day Phone FAX e-mail

SECRETARY: _____
Name Address City Zip
Area Code / Day Phone FAX e-mail

MEMBER: _____
Name Address City Zip
Area Code / Day Phone FAX e-mail

MEMBER: _____
Name Address City Zip
Area Code / Day Phone FAX e-mail

SIXTH PERSON TO RECEIVE AWBD JOURNAL: _____
Name Address City Zip
Area Code / Day Phone FAX e-mail

CONSULTANTS FOR THE DISTRICT:

ATTORNEY: _____
Firm: _____
Address: _____
City Zip

FINANCIAL ADVISOR: _____
Firm: _____
Address: _____
City Zip

ENGINEER: _____
Firm: _____
Address: _____
City Zip

TAX-ASSESSOR COLLECTOR: _____
Firm: _____
Address: _____
City Zip

BOOKKEEPER: _____
Firm: _____
Address: _____
City Zip

OPERATOR: _____
Firm: _____
Address: _____
City Zip

PART B: DISTRICT UPDATE: _____

If any members of the Board are new, please list below the members they replaced.

Delete the following persons listed with (name of district): _____

Name to be deleted from AWBD Records:

Old Address:

- 1. _____
- 2. _____
- 3. _____

PART C: CONSULTANT INFORMATION: _____

CONSULTING STATUS - Please check appropriate Category

- Attorney
- Financial Advisor
- Bookkeeper
- Developer
- Engineer
- Tax Assessor
- Operator
- Other: _____

NAME OF FIRM: _____ County: _____

CONTACT PERSON (Automatically designated as AWBD Representative for your firm):

Name: _____ Title: _____

Firm Address: _____

_____ City State Zip

Phone: _____ FAX: _____ e-mail: _____
Area Code / Phone

Website Address: _____

List below names and titles of other persons at your firm to receive the AWBD *Journal*. Mailings will be to the firm's address. Copies will be sent only to those indicated.

- 2. Name: _____ Title: _____
- 3. Name: _____ Title: _____
- 4. Name: _____ Title: _____
- 5. Name: _____ Title: _____
- 6. Name: _____ Title: _____

(optional):

Consultant Membership includes all members of your firm. Each member of your firm can attend AWBD events by paying member rates. The total annual membership fee for your entire firm is only \$550.00.

PART D: MEMBERSHIP IS REWARDING PROGRAM INFORMATION - PLEASE PRINT: _____

Date _____

Membership recruited by: Name: _____

District/Firm: _____

Your Mailing Address: _____

City: _____ State: _____ Zip: _____ e-mail: _____

Daytime Phone Number: _____