ILLINOIS ASSOCIATION OF WASTEWATER AGENCIES APPLICATION FOR MEMBERSHIP

The undersigned hereby applies for membership in the Illinois Association of Wastewater Agencies:

AGENCY MEMBERSHIP

1.	AGENCY NAME: Street Address or P.O. Box			
	City	State	Zip	
	Telephone Number	Agency Fax N	Agency Fax Number	
	Agency Web Site Address			
	County			
2.	TYPE OF AGENCY:			
	City Regional Township Other		County Sanitary District (S.D. Act of) Village	
	Date Organized:			
3.	Does your Agency handle COLLE	CCTION? an	d/or TREATMENT?	
4.	POPULATION SERVED:	5. ANNUAL AV	VERAGE FLOW:	
6.	DESIGNATED REPRESENTATIVE:			
	Name:			
	Title:			
	Address:			
	Email Address:			
	ALTERNATIVE REPRESENTATIVE:			
	Name:			
	Title:			
	Address:			
	Email Address:			
	If you would like your trusted membership dire	es, directors, or other co ectory, please attach a s		
Sig	gnature		Date	
	(Please see ba	ack side of sheet for Dues	s Schedule)	

DUES SCHEDULE Effective 09/01/15

Population Served:

Less than 2,000	\$396.00
2,000 to 4,999	\$585.00
5,000 to 9,999	\$784.00
10,000 to 14,999	\$980.00
15,000 to 19,999	\$1,144.00
20,000 to 24,999	\$1,417.00
25,000 to 29,999	\$1,459.00
30,000 to 34,999	\$1,882.00
35,000 to 39,999	\$2,093.00
40,000 to 44,999	\$2,296.00
45,000 to 49,999	\$2,618.00
50,000 to 59,999	\$3,861.00
60,000 to 69,999	\$4,274.00
70,000 to 79,999	\$4,685.00
80,000 to 89,999	\$5,094.00
90,000 to 99,999	\$5,506.00
100,000 to 149,999	\$6,065.00
150,000 to 199,999	\$6,416.00
200,000 to 249,999	\$7,166.00
250,000 to 299,999	\$7,497.00
300,000 to 999,999	\$8,825.00
1,000,000 to 1,999,999	\$10,590.00
2,000,000 to 2,999,999	\$12,355.00
Over 3,000,000	\$14,120.00

Complete and return with your check for annual dues to:

Illinois Association of Wastewater Agencies 241 North Fifth Street Springfield, IL 62701