



2010 MEMBERSHIP APPLICATION

Please fill out this membership application and send it in with your payment. We cannot process payments without this form. All information provided herein is treated as confidential. **WCEE is a 501(c)(3) organization and contributions, including membership dues, are tax-deductible to the full extent of the law.**

If you have any questions regarding the benefits of membership or payment logistics please contact the Executive Director at executive.director@wcee.org. Details on upcoming (and past) events are available at www.wcee.org/events/index.html.

<p>Member Information:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Company/Organization: _____</p> <p>Address (for directory): _____</p> <p>_____</p> <p>Business phone: _____</p> <p>Business fax: _____</p> <p>Email: _____</p> <p>How did you hear About WCEE? _____</p>	<p>Dues (check one):</p> <p>Tier 1 <input type="checkbox"/> \$ 65 (salary below \$50,000)</p> <p>Tier 2 <input type="checkbox"/> \$ 90 (salary above \$50,000)</p> <p>Student <input type="checkbox"/> \$ 40 (plus volunteer service)</p> <p>Please mail this form and your check to the address below or fax with credit card info to (202) 478-2098.</p>														
<p>Areas of Interest (please check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Air</td> <td><input type="checkbox"/> International</td> </tr> <tr> <td><input type="checkbox"/> Brownfields/Real Estate</td> <td><input type="checkbox"/> Pollution Prevention</td> </tr> <tr> <td><input type="checkbox"/> Chemicals</td> <td><input type="checkbox"/> Natural Resources</td> </tr> <tr> <td><input type="checkbox"/> Cultural Resources</td> <td><input type="checkbox"/> RCRA/Solid Waste</td> </tr> <tr> <td><input type="checkbox"/> Energy</td> <td><input type="checkbox"/> Sustainability</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Waste</td> <td><input type="checkbox"/> Water</td> </tr> </table> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<input type="checkbox"/> Air	<input type="checkbox"/> International	<input type="checkbox"/> Brownfields/Real Estate	<input type="checkbox"/> Pollution Prevention	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Natural Resources	<input type="checkbox"/> Cultural Resources	<input type="checkbox"/> RCRA/Solid Waste	<input type="checkbox"/> Energy	<input type="checkbox"/> Sustainability	<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Water	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <p>Profession:</p> <p><input type="checkbox"/> Academic</p> <p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Analyst</p> <p><input type="checkbox"/> Attorney</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Economist</p> <p><input type="checkbox"/> Journalist</p> <p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Scientist</p> <p><input type="checkbox"/> Other (provide below) _____</p> </td> <td style="vertical-align: top;"> <p>Employer Type:</p> <p><input type="checkbox"/> Consulting Firm</p> <p><input type="checkbox"/> Federal Government</p> <p><input type="checkbox"/> Industry Member</p> <p><input type="checkbox"/> Law Firm</p> <p><input type="checkbox"/> Media</p> <p><input type="checkbox"/> Non-Profit/Advocacy</p> <p><input type="checkbox"/> Own Firm</p> <p><input type="checkbox"/> Trade Association</p> <p><input type="checkbox"/> Other (provide below) _____</p> </td> </tr> </table>	<p>Profession:</p> <p><input type="checkbox"/> Academic</p> <p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Analyst</p> <p><input type="checkbox"/> Attorney</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Economist</p> <p><input type="checkbox"/> Journalist</p> <p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Scientist</p> <p><input type="checkbox"/> Other (provide below) _____</p>	<p>Employer Type:</p> <p><input type="checkbox"/> Consulting Firm</p> <p><input type="checkbox"/> Federal Government</p> <p><input type="checkbox"/> Industry Member</p> <p><input type="checkbox"/> Law Firm</p> <p><input type="checkbox"/> Media</p> <p><input type="checkbox"/> Non-Profit/Advocacy</p> <p><input type="checkbox"/> Own Firm</p> <p><input type="checkbox"/> Trade Association</p> <p><input type="checkbox"/> Other (provide below) _____</p>
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<p>Credit Card Payment Details (MasterCard or Visa Only) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Card No: _____ Expires: _____ 3 or 4-digit CSC # _____ (printed on back of card)</p> <p>Name on Card: _____ Authorized Signature: _____</p>															

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