

# Water and Sewer Distributors of America

## Affiliate Membership Application



PO Box 3948  
Parker, CO 80134  
Phone: 303.339.0070  
Fax: 720.496.4974  
info@wasda.com  
www.wasda.com

### Membership Eligibility

Any trade association or social welfare organization, representing distributors, manufacturers, or water/wastewater industry end-users, is eligible for Affiliate Membership. Affiliate Members may attend the Annual Meeting at the prevailing member rate but are not authorized to attend the Fall Meeting & Partnership Forum. Affiliate Members are not eligible to: vote or otherwise participate in the corporate affairs of WASDA; serve as a member of the Board of Directors or as an officer of WASDA; or exercise the rights of Associate or Distributor members as allocated by the WASDA Bylaws.

The continuing eligibility of Affiliate Members may be reviewed at the discretion of the Board of Directors as well as at any time when such membership is to be renewed. The Board may, if it finds any significant inconsistency in the interests of an Affiliate Member or an applicant for Affiliate Member status with the interests of WASDA or its members, deny such application or renewal or terminate an affiliate membership. The Board may assess such annual dues on affiliate membership as it sees fit.

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Web \_\_\_\_\_

Social media platforms used by your organization:

Facebook  Twitter  LinkedIn  Other: \_\_\_\_\_

Key Contact \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Additional Contact \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

I understand my membership is subject to the approval of WASDA's Board. If admitted to membership, I will observe all provisions of the Association Articles of Incorporation and its Bylaws, will pay all application fees, dues and assessments, and will abide by the decisions of the WASDA Board as to my membership. By signing below, I agree to accept communications from WASDA and confirm that all information shared is accurate.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*There is no annual membership fee for qualifying organizations.*