

CHICAGO AREA WATERWAYS CHLORIDE WORKGROUP ASSOCIATE MEMBERSHIP APPLICATION



CAWCW Associate Membership — \$200

Organization Name: _____

Address: _____

County: _____

City, Zip: _____

Website: _____

Main Phone Number: _____

Fax Number: _____

Organization Contacts for Trainings and Outreach (if applicable):

Community Relations: _____

Email: _____

The Designated Representative is authorized to vote on the organization's behalf; the Alternate Representative is authorized to vote in the absence of the Designated Representative.

DESIGNATED REPRESENTATIVE

ALTERNATE REPRESENTATIVE

Name: _____

Name: _____

Title: _____

Title: _____

Direct Line: _____

Direct Line: _____

Email: _____

Email: _____

By signing this Associate Membership Application, our organization is committed to participating in the Chicago Area Waterways Chloride Workgroup and paying dues as invoiced.

Signature: _____

Title: _____

Date: _____

Please complete the Associate Membership Application and return it along with a check made payable to:

Chicago Area Waterways Chloride Workgroup
10S404 Knoch Knolls Road
Naperville, Illinois 60565

Contact Hanna Miller, Watershed Project Manager, at hmill@theconservationfoundation.org or call 630-428-4500 x108 with questions.

Chicago Area Waterways Chloride Workgroup • 10S404 Knoch Knolls Road • Naperville, Illinois 60565