

### AWBD MEMBERSHIP APPLICATION / MEMBERSHIP INFORMATION UPDATE

INSTRUCTIONS: Fill out completely and return to AWBD Office, 11700 Katy Fwy Ste 450, Houston, TX 77079  
Membership application must be accompanied by a check for \$675.00 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

**DISTRICT WEBSITE:** \_\_\_\_\_

**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 \$675.00.

**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: \_\_\_\_\_