



Date: _____

AWBD MEMBERSHIP APPLICATION / MEMBERSHIP INFORMATION UPDATE

INSTRUCTIONS:

1. Completely fill out and print the application below. Each member district or firm may receive up to six copies of the AWBD *Journal*.
2. Send a \$750 check (annual dues) and the completed application to AWBD Office, 11700 Katy Fwy Ste 450, Houston, TX 77079.

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 MEMBER DISTRICT: _____ County: _____

DIRECTORS: (Indicate only **ONE AWBD Voting Member Representative** by marking the check box next to name)

BOARD PRESIDENT:

Name	Address	City	Zip
Area Code / Day Phone	FAX	Email	

VICE PRESIDENT:

Name	Address	City	Zip
Area Code / Day Phone	FAX	Email	

SECRETARY:

Name	Address	City	Zip
Area Code / Day Phone	FAX	Email	

MEMBER:

Name	Address	City	Zip
Area Code / Day Phone	FAX	Email	

MEMBER:

Name	Address	City	Zip
Area Code / Day Phone	FAX	Email	

SIXTH PERSON TO RECEIVE AWBD JOURNAL

Name	Address	City	Zip
Area Code / Day Phone	FAX	Email	

CONSULTANTS FOR THE DISTRICT:

ATTORNEY: _____
Firm: _____

FINANCIAL ADVISOR: _____
Firm: _____

ENGINEER: _____
Firm: _____

TAX-ASSESSOR COLLECTOR: _____
Firm: _____

BOOKKEEPER: _____
Firm: _____

OPERATOR: _____
Firm: _____

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 CATEGORY- Please check the appropriate Category:

- Attorney
- Financial Advisor
- Bookkeeper
- Developer
- Engineer
- Tax Assessor
- Operator
- Other: _____

NAME OF FIRM: _____ County: _____

CONTACT PERSON (Automatically designated as **AWBD Voting Member Representative** for your firm, unless you let us know differently):

Name: _____ Title: _____

Firm Address: _____

Phone: _____ FAX: _____ Email: _____

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: _____ Email: _____
- 3. Name: _____ Email: _____
- 4. Name: _____ Email: _____
- 5. Name: _____ Email: _____
- 6. Name: _____ Email: _____

(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 \$750.00.

PART D: MEMBERSHIP IS REWARDING PROGRAM INFORMATION: _____

Date _____

Membership recruited by: Name: _____

District/Firm: _____

Your Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Daytime Phone Number: _____

PRINT

RESET FORM