



SWANA[®]
SOLID WASTE ASSOCIATION
of North America

Membership Application

Source Code: **NL12**

Name _____ Nickname _____
Title _____ Organization _____
Address _____

City _____ State/Province _____
Country _____ Zip/Postal Code _____
Phone _____ Fax _____
E-Mail _____

(Please Fill out above information or attach a Business Card)

PROFESSIONAL INTEREST SECTION

Please check the categories that best describe your primary areas of interest to receive e-newsletters and invitations to educational program. Check all that apply.

- Landfill Landfill Gas Collection & Transfer Recycling & Composting
 Waste to Energy Special Waste Planning & Management Communication, Education & Marketing

MEMBERSHIP OPTIONS

Public Sector Individual Member..... **\$183 US**
(You are considered eligible for Public Sector Individual Membership if you work for a City/Township, State, County, Municipality, Government, or University)

Private Sector Individual Member..... **\$343 US**
(You are considered eligible for Corporate/Sustaining Membership if you work for a private company or organization with an annual revenue of greater than \$10 million per year and more than five (5) employees.)

Small Business Individual Member..... **\$243 US**
*(Small Hauler - Any independent solid-waste hauling company with annual gross revenue of less than \$10 million.
Small Consultant - Any independent consultant for municipal solid waste practices with five (5) or fewer full-time employees.
Small Distributor - Any distributorship with ten (10) or fewer employees)*

Student Member **\$62 US**
(Copy of current class schedule required)

Retired Member **\$72 US**

JOIN A TECHNICAL DIVISION – TAKE YOUR MEMBERSHIP TO THE NEXT LEVEL

SWANA members may join one or more Technical Divisions - \$45 per Division

- Collection & Transfer Landfill Gas Management Planning & Management
 Waste-to-energy Landfill Management Recycling & Special Waste
 Communication, Education & Marketing

PAYMENT INFORMATION (in U.S. Dollars)

Check enclosed (payable to SWANA)
 Charge \$ _____ to my: American Express VISA MasterCard Discover
Account Number _____ Expiration Date _____
Cardholder's Name _____ Signature _____

**Canadian Residents: SWANA calculates conversion rates monthly. For the current membership rates in Canadian funds, please visit www.SWANA.org. All prices effective through 7/31/12. Price includes 1st year dues and chapter membership.*

Mail to: P.O. Box 7219. Silver Spring, MD 20907 | Phone 1-800-GO-SWANA (467-9262) | Fax 301-589-7068