



# Student Membership Application

## MAIN CONTACT INFORMATION (for Group Key Contact/Billing)

Mr., Mrs., Ms., etc First Name MI Last Name (include suffix)

School-Related Mailing Address

City State Zip + 4 Code Country

School-Related Phone School-Related E-mail

Permanent/Home Mailing Address

City State Zip + 4 Code Country

Permanent/Home Phone Permanent/Home E-mail

Which e-mail address is preferred for receiving APWA communications?  School-Related  Permanent/Home

## DUES

Individual Student Membership \$26^Δ  Group Student Membership \$110\*^Δ

Available to any student enrolled in at least nine credit hours per semester at an accredited college, university, junior college or community college offering associate's, bachelor's, or advanced degree programs in engineering, public administration, planning, construction or other public works-related coursework.

Student group membership is available to any group of at least five students who are each enrolled in at least nine credit hours per semester at the same accredited college, university, junior college or community college. Student Groups may include more than five members; there is a per person "additional Student Group Member" fee of \$22 per person.

Please complete the Student Contact Information section to include name, address, phone, and email information for each of the new Student Members who will be rostered in the group.

^ PRICES GOOD THRU DECEMBER 31, 2021

## PAYMENT

Send entire completed application and payment information by mail or email to memberservices@apwa.net. Membership is for one year and will begin upon receipt of dues payment. Purchase orders are acceptable, but members will not receive benefits until receipt of payment.

APWA member dues may be tax deductible as ordinary and necessary business expenses for U.S. members (subject to IRS guidelines). No portion of member dues is allocable to non-deductible lobbying expenditures. You may wish to consult a tax advisor.

Student Member Dues \$
Additional Student Group Member (\$22 x number of additional members) \$

TOTAL PAYMENT DUE \$

## PAYMENT METHOD

To pay by card please visit www.apwa.net/join

Check enclosed for \$

MAIL TO: APWA, PO Box 802296, Kansas City, MO 64180-2296

Would you like a receipt sent to you?  Yes  No

Email receipt to

Please email invoice to:

MAIL THIS REQUEST TO:

APWA, 1200 Main Street, Suite 1400, Kansas City, MO 64105-2100

OR

EMAIL TO:

memberservices@apwa.net

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STUDENT CONTACT INFORMATION** (At least one mailing address, phone number, and e-mail address is required.)

- If your membership covers more than three individuals, please copy this form as needed.
- Please mark whether you prefer to receive mail at your school or permanent/home address.
- E- mail addresses are only utilized for distributing APWA and CPWA related news and information.

Name of Educational Facility students are attending \_\_\_\_\_

Mr., Mrs., Ms., etc	First Name	MI	Last Name (include suffix)	
School-Related Mailing Address				
City	State	Zip + 4 Code	Country	
School-Related Phone		School-Related E-mail		
Permanent/Home Mailing Address				
City	State	Zip + 4 Code	Country	
Permanent/Home Phone		Permanent/Home E-mail		
Which e-mail address is preferred for receiving APWA communications? <input type="checkbox"/> School-Related <input type="checkbox"/> Permanent/Home				

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Permanent/Home Mailing Address				
City	State	Zip + 4 Code	Country	
Permanent/Home Phone		Permanent/Home E-mail		
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