

To Join BACWA, Please fill out this form
 Return to Amy Chastain: Fax (510) 287-1351
 or E-mail: achastain@bacwa.org

Name of Utility _____

Address _____

City _____ Zip Code _____

Designated Representative to BACWA _____

Title _____

Phone: _____ e-mail _____

Collection System Only Utility ____yes ____no

Miles of Sewers _____

Number of Pump Stations _____

Treatment Only Utility ____yes ____no

Treatment Plant Name (including recycled water facilities)	Average Dry Weather Capacity	Peak Wet Weather Capacity	Treatment Type (Advanced with MBR)

Intended Participation in BACWA Committees

Committee	Want to Participate	Want More Information
Air Issues and Regulations		
Biosolids		
Collection Systems		
Laboratory		
Permit		
Water Recycling		
Operations InfoShare Group		
Maintenance InfoShare Group		
Engineering InfoShare Group		

Annual BACWA Dues: Collection System Only Utilities: \$1,500
 Treatment Utilities Associate Members: \$7,500