



MEMBERSHIP FORM

Name: _____

Company/Organization: _____

Mailing Address: _____

City, State: _____ Zip: _____

Telephone: _____ Year established: _____ # of Staff: _____

Email: _____

Membership Level:

- | | |
|---|---|
| <input type="checkbox"/> Individual (\$100/year) | <input type="checkbox"/> Non-profit Organization (\$500/year) |
| <input type="checkbox"/> University/Gov't (\$1,000/year) | <input type="checkbox"/> Corporate Level 3 (\$1,000/year) |
| <input type="checkbox"/> Corporate Level 2 (\$2,500/year) | <input type="checkbox"/> Corporate Level 1 (\$5,000/year) |

Organization Website: _____

Target market, products and services: _____

If you have any staff members who are considered experts in their water-related field and/or can speak any foreign languages, please list them here:

*Please make checks payable to:
Greater Milwaukee Committee (or "GMC")
Attn: Water Council
301 W. Wisconsin Ave., Suite 300
Milwaukee, WI 53203*

*This form may be FAXed to 414-272-7051.
Thank you!*