



MEMBERSHIP APPLICATION

_____ requests membership in the Wet Weather Partnership. I certify that this organization meets the membership requirements, subscribes to the purposes and policies, and accepts the Articles of Incorporation and Bylaws of the Association.

Membership Level _____

Municipal Membership	Population	Dues
Small Cities	0 - 10,000	\$400
Class I City	10 - 50,000	\$1000
Class II City	50 - 100,000	\$2,500
Class III City	100 – 250,000	\$3,750
Class IV City	250 – 500,000	\$5,000
Class V City	Over 500,000	\$6,250

Consultant Membership	Dues
Sustaining Corporate	\$5,000
Corporate	\$2,500
Associate Corporate	\$1,000
Associate (non-profit)	\$400

Name _____

Title _____

Street Address _____

City, State, Zip _____

Telephone _____ **Fax** _____

E-mail _____

Return Completed Application to:
 Wet Weather Partnership
 Attn: Meghan Morel
 P.O. Box 51
 Richmond, VA 23218-0051
 Fax: (804) 716-9022
 Email: MMorel@AquaLaw.com