



ASSOCIATE MEMBERSHIP APPLICATION

Associate Member Fee: \$200

Organization Name:

Address:

City, Zip:

County:

Phone:

Website:

Organization contacts for trainings & outreach (if applicable):

Winter Deicing Supervisor:

Email:

Outreach/Communications:

Email:

MS4 Reporting:

Email:

DESIGNATED REPRESENTATIVE:

ALTERNATE REPRESENTATIVE:

Name:

Name:

Title:

Title:

Direct Line:

Direct Line:

Email:

Email:

The Designated Representative is authorized to vote at LDWG meetings on the agency's behalf and the Alternate Representative is authorized to vote in the absence of the Designated Representative.

Signature _____

Title _____

Date _____

(digital signature OK)

Please complete this Membership Application and email to jhammer@theconservationfoundation.org

Send \$200 check made payable to the:
Lower DuPage River Watershed Coalition
10S404 Knoch Knolls Road
Naperville, Illinois 60565

Please direct questions to Jennifer Hammer, Director of Watershed Programs
jhammer@theconservationfoundation.org or 630-428-4500 x114.