



SWANA[®]
SOLID WASTE ASSOCIATION
of North America

Membership Application *(Atlantic Chapter)*

Source Code: **FY2012**

Name _____ Nickname _____
 Title _____ Organization _____
 Street Address _____ Country _____
 City _____ State/Province _____ Zip/Postal Code _____
 Phone _____ Fax _____ E-mail _____

(Please fill out above information or attach a business card.)

PROFESSIONAL INTEREST SECTION

Please check the categories that best describe your primary areas of interest to receive e-newsletters and invitations to educational programs. (Check all that apply.)

- Landfill Landfill Gas Collection & Transfer Recycling & Composting
 Waste-to-Energy Special Waste Planning & Management Communication, Education & Marketing

MEMBERSHIP OPTIONS

Public Sector Individual Member..... \$183 US

(You are considered eligible for Public Sector Individual Membership if you work for a City/Township, State, County, Municipality, Government, or University.)

Private Sector Individual Member..... \$343 US

(You are considered eligible for Corporate/Sustaining Membership if you work for a private company or organization with an annual revenue of greater than \$10 million per year and more than five (5) employees.)

Small Business Individual Member..... \$243 US

*(Small Hauler - Any independent solid-waste hauling company with annual gross revenue of less than \$10 million.
 Small Consultant - Any independent consultant for municipal solid waste practices with five (5) or fewer full-time employees.
 Small Distributor - Any distributorship with ten (10) or fewer employees.)*

Student Member \$62 US

(Copy of current class schedule required.)

Retired Member \$72 US

JOIN A TECHNICAL DIVISION – TAKE YOUR MEMBERSHIP TO THE NEXT LEVEL

SWANA members may join one or more Technical Divisions - \$45 per Division.

- Collection & Transfer Landfill Gas Management Planning & Management
 Waste-to-Energy Landfill Management Recycling & Special Waste
 Communication, Education & Marketing

PAYMENT INFORMATION (in U.S. Dollars)

Check enclosed (payable to SWANA)
 Charge \$ _____ to my: American Express VISA MasterCard Discover
 Account Number _____ Expiration Date _____
 Cardholder's Name _____ Signature _____

**Canadian Residents: SWANA calculates conversion rates monthly. For the current membership rates in Canadian funds, please visit www.SWANA.org. All prices effective through 7/1/12. Price includes 1st year dues and chapter membership.*