



SOUTHERN CALIFORNIA ALLIANCE OF PUBLICLY OWNED TREATMENT WORKS

PO Box 231565, Encinitas, CA 92024-1565
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Application for Associate Membership

By this Application (Applicant), hereby applies for an associate membership in the Southern California Alliance of Publicly Owned Treatment Works (SCAP) upon the terms and conditions of this Application and in conformance with the Bylaws, policies and procedures of SCAP.

Company Name
Organizational Capacity Website
Mailing Address
City Zip
Street Address
Telephone Fax
Contact E-mail

Brief description of your organization:

ACKNOWLEDGMENTS

- 1. Applicant acknowledges that the purposes of SCAP are to foster cost-effective and beneficial treatment of water, and/or the collection, treatment, disposal, recycling or reuse of wastewater or its residuals and such other purposes as set forth in the Bylaws of SCAP as implemented by its Board of Directors.
2. Applicant agrees to abide by the Bylaws of SCAP as amended from time to time, to work toward the advancement of the purposes of SCAP under the authority and direction of the Board of Directors of SCAP and its duly appointed officers and to adopt, implement and affirmatively support the programs adopted by the SCAP Board of Directors or its designees.
3. Applicant agrees to pay dues of \$1,076.00 per annum (based on fiscal year) or such other amount as may be levied or assessed from time to time. Dues are acknowledged as fully due, payable and earned as of the date due.
4. Applicant acknowledges the right to withdraw from Associate Membership at any time upon written notice to the executive director of SCAP and that the Associate Membership may be withdrawn or terminated at any time at the discretion of SCAP or such other reasons for termination as set forth in the Bylaws of SCAP.

By: Title

Upon review and approval of this application, an invoice will be sent.