

Lower DuPage River

Watershed Coalition

APPLICATION FOR ASSOCIATE MEMBERSHIP

2012 Annual Dues for Associate Membership is \$200

1. ORGANIZATION NAME: _____
Address: _____
City: _____ County: _____ Zip: _____
Phone: _____ Fax: _____
Website: _____

2. DESIGNATED REPRESENTATIVE:	ALTERNATE REPRESENTATIVE:
Name: _____	Name: _____
Title: _____	Title: _____
Direct Line: _____	Direct Line: _____
Email: _____	Email: _____

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

I hereby apply for Associate Membership in the Lower DuPage River Watershed Coalition (LDRWC) on behalf of the above named organization.

Signature: _____ Title: _____ Date: _____

Please complete this application and return it with a check for the annual dues made out to the Lower DuPage River Watershed Coalition.

Mail to: Lower DuPage River Watershed Coalition
10S404 Knoch Knolls Road
Naperville, IL 60565

Please direct any membership or organization questions to:
Jennifer Hammer, Watershed Coordinator
Lower DuPage River Watershed Coalition
630-747-8106 or jhammer@theconservationfoundation.org