

Section 3: Circulation Information
All applicants must complete this section.
**What one business activity best describes your company?
(Please check only one)**

- A Public Water Supply Utility—Municipally Owned
- B Public Water Supply Utility—Investor Owned
- C Government—Federal, State, Local
- D Consulting Firm
- E Contractor
- F Private Industrial System or Water Wholesaler
- G Manufacturer of Equipment & Supplies
(including representatives)
- H Distributor of Equipment & Supplies
(including representatives)
- I Educational Institutions (faculty and students),
Libraries and other related organizations
- J Fully Retired
- K Research Lab
- L Other (allied to the field)

**What one category best describes your job classification?
(Please check only one)**

- A Executive (General Manager, Commissioner, Board Member,
City Manager, Municipal Supt., Mayor, President, Vice President,
Owner, Partner, Director, etc.)
- B Management (Division Head, Section Head, Manager, Chief
Engineer, Dept. Head, Comptroller, etc.)
- C Engineering/Non-managerial (Civil Engineer, Mechanical
Engineer, Elect. Engineer, Environmental Engineer, Planning
Manager, Field Engineer, System Designer, etc.)
- D Scientific/Non-managerial (Chemist, Biologist, Biophysicist,
Researcher, Analyst, etc.)
- E Purchasing (Purchasing Agent, Procurement Specialist,
Buyer, etc.)
- F Operations (Foreman, Operator, Maintenance Crewman, Service
Representative, etc.)
- G Marketing & Sales/Non-managerial (Market Analyst, Marketing
Representative, Salesperson, Sales Representative, etc.)
- I Professorial (Educator, Teacher, etc.)
- Z Other

**What one category best describes your
field served/principal activity?
(Please check only one)**

- 9 Both Water Supply
& Wastewater
- 5 Water Supply Only
- 7 Wastewater Only
- 3 Other

**What areas of the water and wastewater industry are of current interest to you?
(Please check all that apply)**

- | | | |
|------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Asset Management (AM) | <input type="checkbox"/> Ground Water (GW) | <input type="checkbox"/> Resources Management/
Planning (WRMP) |
| <input type="checkbox"/> Backflow (BACK) | <input type="checkbox"/> Management/
Leadership (MANA) | <input type="checkbox"/> SCADA/GIS (SG) |
| <input type="checkbox"/> Conservation (CE) | <input type="checkbox"/> Membrane Treatment (MT) | <input type="checkbox"/> Water Reuse (WR) |
| <input type="checkbox"/> Customer Service (CS) | <input type="checkbox"/> Operations (OPER) | <input type="checkbox"/> Water Treatment (TREA) |
| <input type="checkbox"/> Desalination (DESA) | <input type="checkbox"/> Public Information/
Relations (PIR) | <input type="checkbox"/> Water Quality (WQT) |
| <input type="checkbox"/> Design (DESI) | <input type="checkbox"/> Regulatory/Legislative (RL) | |
| <input type="checkbox"/> Distribution (DS) | | |

Signature _____

In lieu of a signature, our auditing bureau requires a unique identifier. Please provide your town of birth. _____

Completion of this information is optional.

AWWA maintains profile data for use in developing programs and services to meet the diverse needs of our members.

Race/Ethnic Identification

1. American Indian/Alaskan Native
2. Asian/Pacific Islander
3. African-American
4. Hispanic
5. White (non-Hispanic)
6. Other

Gender

- Female
- Male

Birth Year: _____

