

Southern California Waste Management Forum

Membership Application Form / Invoice July 1, 2024 - June 30, 2025

Please complete the form with your contact information. **All receipts will be sent via e-mail to the e-mail address provided on this form.** Please be sure you mark info@scwmf.org as an acceptable e-mail address otherwise our e-mails may go into your spam folder.
Membership dues are \$65. Annual dues cover an individual membership for a fiscal year, from July 1 to June 30. Membership allows you access to our archived presentations and discounted pricing on Forum events.
Before the end of each fiscal year, The Forum shall send a dues renewal notice to each current member. The renewal notices are sent via E-mail to all members with an E-mail address on file with The Forum. Renewal dues are payable on June 30th.

Purpose of form: Current member information update New member application

Title: Miss Mr. Mrs. Ms. Dr. Other _____

Name: _____

Company / Agency: _____

Department / Division: _____

Street Address 1: _____

Street Address 2: _____

City: _____

State: California _____

ZIP Code: _____

Phone no.: _____ Extension: _____

FAX no.: _____

E-mail address: _____

Website address: _____

Member interest category: (Check one)

- | | | | |
|---|---|---|---|
| <input type="radio"/> Collector/Hauler | <input type="radio"/> Disposal Facility | <input type="radio"/> Educational Institution | <input type="radio"/> Hazardous Waste Treatment |
| <input type="radio"/> Professional Service/Consultant | <input type="radio"/> Public Agency | <input type="radio"/> Recycler | <input type="radio"/> Utility/Energy Producer |
| <input type="radio"/> Vendor | <input type="radio"/> Other _____ | | |

Payment method: Cash Check Discover MasterCard Visa

Make checks payable to:
"Southern California Waste Management Forum".

Mail your check with this form to:
Southern California Waste Management Forum
21520 Yorba Linda Blvd., Ste. G-428
Yorba Linda, CA 92887-3267

If paying by credit card, print the completed form and mail it to the above address, or email it to info@scwmf.org
Please include the billing address.

Membership_Form_24/25

Credit card information:

Name on the card: _____

Card number: _____ Expires / CCV# _____

Cardholder's signature _____