



# 2025-2026 MEMBERSHIP APPLICATION

Membership application is available and can be submitted electronically at [www.nwhydro.org](http://www.nwhydro.org).

## DUES

Membership dues are for the year March 1 through February 28.

Dues are based on "company" or "entity" membership.

• All members of the entity are members of NWAHA.

• All members of the entity receive discounted registration rates.

ENTITY	DUES
UTILITIES & OTHER GENERATORS Including Water Suppliers and Developers Large Generators (100 MWs capacity or more) Small Generators (under 100 MWs capacity)	SELECT ONE <input type="checkbox"/> \$1,400 <input type="checkbox"/> \$915
CONSULTANTS, MANUFACTURERS, VENDORS & OTHERS Large Service Providers (10 employees or more) Small Service Providers (Less than 10 employees)	<input type="checkbox"/> \$1,400 <input type="checkbox"/> \$915
SOLE PROPRIETORS OR RETIREES	<input type="checkbox"/> \$250

## TYPE OF BUSINESS

Mark all that apply.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Construction           | <input type="checkbox"/> Financial Services             | <input type="checkbox"/> National Laboratory        | <input type="checkbox"/> Union                   |
| <input type="checkbox"/> Contractor             | <input type="checkbox"/> Irrigation District            | <input type="checkbox"/> Non-Profit Assn            | <input type="checkbox"/> Utility                 |
| <input type="checkbox"/> Developer              | <input type="checkbox"/> Legal Services                 | <input type="checkbox"/> Publications               | <input type="checkbox"/> Vendor                  |
| <input type="checkbox"/> Engineering Services   | <input type="checkbox"/> Maintenance                    | <input type="checkbox"/> Regional Power Authorities | <input type="checkbox"/> Water District          |
| <input type="checkbox"/> Equipment Manufacturer | <input type="checkbox"/> Manufacturer's Representatives | <input type="checkbox"/> State Agency               | <input type="checkbox"/> Construction Contractor |
| <input type="checkbox"/> Federal Agency         | <input type="checkbox"/> Municipal Water System         | <input type="checkbox"/> Tribal Authority           |  |

## APPLICATION

COMPANY/ENTITY NAME \_\_\_\_\_

PRIMARY MEMBER \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

ADMINISTRATIVE CONTACT \_\_\_\_\_

ADMINISTRATIVE CONTACT EMAIL \_\_\_\_\_

## PAYMENT

Method of Payment (please check one) in US Funds:  Check Payable to NWAHA  Visa  MasterCard  AmEx

If paying by credit card, please complete the following:

CARD NUMBER \_\_\_\_\_ CVV# \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ AMOUNT AUTHORIZED \_\_\_\_\_

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

Email Address to Send Credit Card Receipt to \_\_\_\_\_

*Due to credit card security policies we cannot accept registrations by email. Please mail or fax in your completed registration form with payment or register online at [www.nwhydro.org](http://www.nwhydro.org).*

**PRINT, COMPLETE, AND MAIL APPLICATION TO:**

NWAHA: P.O. Box 441, Lake Oswego, OR 97034 | Phone: 503.290.3024 | Web: [www.nwhydro.org](http://www.nwhydro.org) | Email: [brenna@nwhydro.org](mailto:brenna@nwhydro.org)



# 2024-2025 MEMBERSHIP APPLICATION ADDITIONAL EMPLOYEES

## Additional Employee

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Business/Daytime Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_  
Employee Email (required): \_\_\_\_\_

## Additional Employee

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Business/Daytime Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_  
Employee Email (required): \_\_\_\_\_

## Additional Employee

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Business/Daytime Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_  
Employee Email (required): \_\_\_\_\_

## Additional Employee

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Business/Daytime Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_  
Employee Email (required): \_\_\_\_\_

## Additional Employee

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Business/Daytime Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_  
Employee Email (required): \_\_\_\_\_

## Additional Employee

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Business/Daytime Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_  
Employee Email (required): \_\_\_\_\_

## Additional Employee

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Business/Daytime Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_  
Employee Email (required): \_\_\_\_\_

***Do you have more than 7 employees from your company you would like to add to your corporate membership?  
Please copy this page to include additional employees.***