

## **GUIDELINES FOR COMPLETION OF MEMBERSHIP APPLICATION FORM**

Membership in CWWA is open to individuals, companies and utilities operating in the Water, Wastewater and Solid Waste sectors under the following categories of membership: -

- ❖ **MEMBER:**  
A Member shall, at the time of their application, hold a Degree in engineering or science approved by the Board, although in exceptional circumstances the Board may accept the alternative qualification of 15 or more years experience in responsible posts in water supply, wastewater or solid waste disposal.
- ❖ **ASSOCIATE:**  
An Associate shall, at the time of their application, be at least 23 years of age, and have at least three years experience in practical work and is receiving training in water supply, wastewater and solid waste disposal acceptable to the Board.
- ❖ **CORPORATE MEMBER/COMPANY**  
National, regional and international “COMPANIES” working in the field of water supply, wastewater or solid waste disposal, such as consultants, contractors, manufacturers or plant and equipment.
- ❖ **CORPORATE MEMBER/UTILITY**  
National or regional ‘UTILITIES’ operating in the field of water supply, wastewater or solid waste disposal and providing services as a public or private sector utility.

### **APPLICANT’S SIGNATURE**

In case of “CORPORATE MEMBERS” the Membership Application Form must be signed by the CEO/General Manager of the Company or Utility; or other persons authorised in writing to act on behalf of the applicant Company or Utility.

### **MAILING ADDRESS**

Completed Membership Application Forms can be mailed/faxed to the Association’s Secretariat at:

CARIBBEAN WATER AND WASTEWATER ASSOCIATION  
c/o Water and Sewerage Authority  
Farm Rd, St Joseph  
Trinidad, W.I.  
Tel: 868-645-8681  
Tel/Fax: 868-645-7849;  
Tel: 868-662-2302-7 Ext. 3747,  
E-mail: [cwvattsecretariat@gmail.com](mailto:cwvattsecretariat@gmail.com)  
[cwwacmo@gmail.com](mailto:cwwacmo@gmail.com)  
Web site: <http://www.cwwa.net>



### **FOR CWWA OFFICE USE ONLY:**

Date Received \_\_\_\_\_

Applicant Fee Received

Action Taken \_\_\_\_\_

Membership Fee Received

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
SECRETARY

## CARIBBEAN WATER AND WASTEWATER ASSOCIATION

Membership is open to individuals, companies and utilities operating in the water, wastewater and solid waste sectors.

### MEMBERSHIP APPLICATION FORM

(Print all information in Capital Letters)

◆ **Membership Grade:** *(See details overleaf)*

(The first figure indicates the application fee. The second figure indicates the annual membership fee)

<b>Member</b> <input type="checkbox"/>	<b>Associate</b> <input type="checkbox"/>	<b>Corporate/Company</b> <input type="checkbox"/>	<b>Corporate Utility</b> <input type="checkbox"/>
US\$20/\$40	US\$15/\$20	US\$25/\$175	(A) US\$25.00/\$1750.00 <input type="checkbox"/>
<b>TT\$126/\$252.</b>	<b>TT\$94/\$126.</b>	<b>TT\$157/\$1103.</b>	(B) US\$25.00/\$ 875.00 <input type="checkbox"/>
			(C) US\$25.00/ \$ 435.00 <input type="checkbox"/>

◆ **Water Utility Details:** *(For Utility Members only) - Please tick appropriate box*

Utility Name: \_\_\_\_\_

Number of Water & Sewage Connections:

(A) More than 30,000       (B) 10,000 - 30,000       (C) Less than 10,000

CEO/General Manager: \_\_\_\_\_

◆ **Corporate Details:** *(For Corporate & Utility Members only, please attach company profile)*

Organisation: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Contact Person/Postion \_\_\_\_\_

Documents submitted (Company Profile) \_\_\_\_\_

◆ **Individual Details:** *(For Member & Associate only, please attach CV)*

Name \_\_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_

Phone No.(Wk) \_\_\_\_\_ Fax: \_\_\_\_\_ EMail \_\_\_\_\_

Documents submitted (CV) \_\_\_\_\_

◆ **Education:** *(For Member and Associate only, indicate highest level attained)*

Date	Course	Establishment
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◆ **Current Employment:** *(For Member and Associate only)*

Organisation/Address/Position	Job Outline
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◆ **Applicant's Signature:** *(In case of Utility or Corporate Membership, form must be signed by CEO/General Manager; or other person authorized in writing to act on behalf of the utility or company)*

Date \_\_\_\_\_ Signature \_\_\_\_\_

◆ **Proposers:** *(Any two members of CWWA)*

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_