

National Watershed Research Network

Membership Application

Thank you for your interest in joining the National Watershed Research Network! Please complete this form and mail (with your payment if paying by check) to:

Center for Watershed Protection
11711 E. Market Place, Suite 200
Fulton, MD 20759

Member Type	Annual Fee
<input type="checkbox"/> Local government agency (enter population served and fee below): Population served: _____ x \$0.05 = \$ _____	Based on population served (the total number of residents to whom you provide services)
<input type="checkbox"/> State government agency	\$10,000
<input type="checkbox"/> Tribal or regional government agency	\$500
<input type="checkbox"/> University	\$500
<input type="checkbox"/> Nonprofit organization (check one of the options below): <input type="checkbox"/> Annual organizational budget < \$5 million <input type="checkbox"/> Annual organizational budget \$5 million to \$10 million <input type="checkbox"/> Annual organizational budget > 10 million	\$500 \$5,000 \$10,000
<input type="checkbox"/> Consultant (check one of the options below): <input type="checkbox"/> Annual organizational budget < \$5 million <input type="checkbox"/> Annual organizational budget \$5 million to \$10 million <input type="checkbox"/> Annual organizational budget > 10 million	\$1,000 \$10,000 \$20,000
Annual Commitment: \$ _____	

ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

PRIMARY CONTACT

First Name: _____

Last Name: _____

Email: _____

Phone: _____

PAYMENT

Send me an invoice at the address above.

I would like to pay by credit card. Please email me a secure payment link.

Check enclosed. Please make checks out to the Center for Watershed Protection.

QUESTIONS?

Contact Karen Titus at kmt@cwpp.org or 410-696-3973