

1550 Crystal Drive, Suite 804 Arlington, VA 22202 T 202.244.4700 F 202.966.4824

## Membership Application for Service Providers

The National Waste & Recycling Association represents for-profit companies that provide solid and medical waste collection, recycling, and disposal services, as well as companies that provide professional services to the waste industry so they can get the information they need to be safer, smarter and stronger.

| Provide Your Company Information  | Provide Your Company Information  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Company Name:   |   |  |  |  |  |  |  |  |
| Division/Subsidiary of:   |   |  |  |  |  |  |  |  |
| Mailing Address:  |   |  |  |  |  |  |  |  |
| City:   | State:  | Zip:   |  |  |  |  |  |  |
| Street Address:   |   |  |  |  |  |  |  |  |
| City:   | State:  | Zip:   |  |  |  |  |  |  |
| Phone:  | Toll Free:  | Fax:   |  |  |  |  |  |  |
| General E-mail:   | Website Address:  |  |  |  |  |  |  |  |
| Primary Contact:  | Title:  |  |  |  |  |  |  |  |
| E-mail:   |   |  |  |  |  |  |  |  |
| Phone:  | Cell:   |  |  |  |  |  |  |  |
| By providing phone and fax numbers, and email address, the individual or business agrees to receive association information from the Association.  Signature:  What is your primary business: |   |  |  |  |  |  |  |  |
| Select your type(s) of operations:  |   |  |  |  |  |  |  |  |
| Waste/Recycling Collection  C&D Healthcare Recyclables  | Facilities  C&D - MRF Composting Healthcare Waste Treatment Landfill - C&D Landfill - MSW MSW - MRF Recycling End-User Transfer Station | Professional Services Civil/Env. Engineering Financial Insurance Legal/Govt. Affairs Other |  |  |  |  |  |  |
| List the state(s) where your company operates:  |   |  |  |  |  |  |  |  |
| Let us know how you heard   | about NWRA:   |  |  |  |  |  |  |  |



Are you exhibiting at WasteExpo?

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## WasteExpo

| If you are, what name a | are you exhibiting unde | er?   |            |                |
|-------------------------|-------------------------|---|------------|----------------|
| Booth number:           |                         | Booth siz   | ze:        |                |
|                         |                         | Please list your contacts.                                    |            |                |
| Take full advantag      | _                       | ensuring that all of the appropupdates and information that a |            | ompany receive |
|                         | Name                    | Office Phone  | Cell Phone | Email          |
| Primary Contact         |                         | _   |            |                |
| Executive Contact —     |                         | _   |            |                |
| Billing Contact —       |                         | _   |            |                |
| Safety Contact          |                         |   |            |                |
| Contact                 |                         | _   |            |                |

No

Yes

## **Dues Schedule**

Contact

Contact

To determine your dues payment, please check the chart below to find your company's gross annual revenues in the waste and recycling industry from the last calendar year. Please circle your category. The annual membership year is January 1 through December 31. An additional \$600 payment is required for Healthcare Waste Institute participation by haulers and facility owners.

| Revenue in Millions     | Annual Dues   | Revenue in Millions      | Annual Dues   | Revenue in Millions        | Annual Dues   |
|-------------------------|---------------|--------------------------|---------------|----------------------------|---------------|
| Revenue in Millions     | Allitual Dues | Revenue in Millions      | Allitual Dues | Revenue in Millions        | Allitual Dues |
| Less than 2             | \$990         | 10 and over/less than 17 | \$6,750       | 100 and over/less than 150 | \$25,880      |
| 2 and over/less than 3  | \$1,360       | 17 and over/less than 23 | \$10,020      | 150 and over/less than 200 | \$30,850      |
| 3 and over/less than 6  | \$2,710       | 23 and over/less than 50 | \$13,400      | 200 and over/less than 300 | 36,530        |
| 6 and over/less than 10 | \$4,050       | 50 and over/less than 10 | 0 \$20.040    | 300 and over/less than 40  | 0 \$48.710    |

## Payment Information

For security reasons, we are unable to accept credit card information on this printed form. Please contact us by phone (202-364-3716) to pay by credit card. You may also use a credit card with the online application.

Tax Information: Membership dues are deductible as a business expense but not as a charitable contribution. NWRA's federal tax ID is 36-6161231.

To pay by ACH:

ABA #: 021052053 UPIC/Acct #: 69260697

Please make sure to note your company name in the transaction notes.

To pay by check, mail to:

National Waste & Recycling Association Dues Payment 1550 Crystal Drive, Suite 804 Arlington, VA 22202