



Student Membership

AMERICAN PUBLIC WORKS ASSOCIATION and the CANADIAN PUBLIC WORKS ASSOCIATION

Kick-start Your Career with the APWA Advantage...

- Meet public works professionals from the municipalities and private companies in your area.
- Open doors to internship and career opportunities using APWA's "Work Zone."
- Keep up with key issues in public works with infoNOW online networking communities in each of the topic areas that interest you.
- Gain access to our online monthly magazine, the APWA Reporter.
- Save money with discounts on more than 300 books and CDs offered by APWA, as well as discounts on workshops, webcasts, and conferences.
- Participate in local or national public outreach activities.



Students have the unique opportunity to leverage their classroom experience by networking with seasoned professionals in the community and gaining insight into the broad range of services and career opportunities within the public works sector.

—Karen P. Boyd, MBA
Director, Communications and Social Marketing Center for the City at University of Missouri – Kansas City



Who Can Join?

Student membership is available to anyone enrolled in at least nine credit hours per semester at an accredited college, university, junior college or community college offering associate's, bachelor's or advanced degree programs in engineering, public administration, planning, construction, or other public works-related coursework. There is a five year maximum as a Student member. Existing APWA members will not be allowed to transfer to Student membership without the express written permission of the APWA Executive Director.

Members in Canada will hold membership in both APWA and CPWA. To learn more about CPWA, visit www.cpwa.net.

Student membership in APWA links me with professionals responsible for a wide variety of public services including community planning, civil engineering, utilities, construction, large equipment, facilities and grounds maintenance, roadway and pavement maintenance, and emergency management.

—Sam Newman
Student, Stanford University, California



Join Today!

Student Member Application

Step 1 Individual or Group?

Decide which type of membership works best for you, Individual or Group. Questions? Contact a membership specialist at 800-848-APWA or membership@apwa.net.

<input type="checkbox"/> INDIVIDUAL STUDENT MEMBERSHIP (Choose either individual or group membership, then go to Step 2)	
<p>Available to any student enrolled in at least nine credit hours per semester at an accredited college, university, junior college or community college offering associate's, bachelor's, or advanced degree programs in engineering, public administration, planning, construction or other public works-related coursework. A formal Student chapter need not be in existence at your educational facility before APWA will accept your Student Membership application. Membership is for one year and will begin upon receipt of dues payment.</p> <p>Please provide the contact information for each Student Individual member to be covered with the attached payment (or complete a separate application for each Student Individual member).</p> <p>Individual Student Membership \$25 US/\$30 CN each</p>	<p><i>enter total</i></p> <p>X Total number of members _____ = \$</p>

— OR —

<input type="checkbox"/> GROUP STUDENT MEMBERSHIP	
<p>Available to any group of at least five students who are each enrolled in at least nine credit hours per semester at the same accredited college, university, junior college or community college offering associate's, bachelor's, or advanced degree programs in engineering, public administration, planning, construction or other public works-related coursework. Student Groups may include more than five members; there is a per person "additional Student Group Member" fee. When joining as a Student Group, each member saves \$5 USD on annual membership dues. Membership is for one year and will begin upon receipt of dues payment.</p> <p>Please use the space below to identify the person who will serve as "key contact" for the group's membership. This group key contact should be the person who will coordinate the group's membership renewals; he/she is not required to be an APWA member. However, it is important to note that the group's key contact will not receive member benefits unless he/she holds some type of membership in APWA.</p> <p>Our Key Contact Person will be: Name: _____ Mailing address: _____ Phone: _____ Fax: _____ E-mail: _____</p> <p>Also complete the Member Information section in step 3 to include name, address, phone, and e-mail information for each of the new Student members who will be rostered in the group.</p> <p>Group Student Membership covers five students for \$100 US/\$125 CN total</p> <p>Additional Student Group Members \$20 US/\$25 CN each</p>	<p><i>enter total</i></p> <p>X Total number of groups _____ =</p> <p>X Total number of additional members _____ = \$</p>

Step 2 Payment

Send entire completed application and payment information. Membership is for one year and will begin upon receipt of dues payment. Purchase orders are acceptable, but members will not receive benefits until receipt of payment. APWA Chapter dues are waived for student members.

APWA membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense, subject to IRS limits. APWA does not designate the use of membership dues for lobbying or advocacy efforts; however, seven percent (7%) of our total operating budget is allocated toward advocacy-related programs, including staff salaries. Please consult your tax professional with regard to eligible ordinary business expenses.

TOTAL PAYMENT DUE \$ _____

Check enclosed for

\$ _____

IN USA, MAIL TO: APWA,
PO Box 802296, Kansas City,
MO 64180-2296

IN CANADA, MAIL TO:
(with payment in Canadian
dollars) CPWA, PO Box
3850, Commerce Court
Postal Station, Toronto,
Ontario M5L 1K1

Charge \$ _____ to my Visa MasterCard

When paying by credit card, dues are charged in US dollars and may be subject to the exchange rate at the time when the payment is processed.

_____ / _____
Account number Card Expires (MM/YYYY)

Name as it appears on card Signature

Would you like a receipt sent to you? Yes No

MAIL TO: APWA, 2345 Grand Blvd., Suite 700, Kansas City, MO 64108-2625

OR FAX TO: 816-595-5374 or 816-472-1905

OR ONLINE: www.apwa.net

Please mail an invoice
to the attention of:

MAIL TO:
APWA, 2345 Grand Blvd.,
Suite 700, Kansas City,
MO 64108-2625

OR FAX TO:
816-472-1610

Step 3

Member Information (Please print)

Referred by: _____

Date: ____ / ____ / ____

- If your membership covers more than five individuals, please copy this form as needed.
- Please mark whether you prefer to receive mail at your school or permanent/home address.
- E- mail addresses are only utilized for distributing APWA and CPWA related news and information.

Name of Educational Facility students are attending _____

Student to be covered: (At least one mailing address, phone number, and e-mail address is required.)

Mr., Mrs., Miss, etc. _____ First Name _____ Middle Name or Initial _____ Last Name (include suffix) _____

School-Related Mailing Address _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

School-Related Phone Number _____ School-Related Fax Number _____

School-Related E-Mail Address _____

Permanent/Home Mailing Address _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

Permanent/Home Phone Number _____ Permanent/Home Fax Number _____

Permanent/Home E-Mail Address _____

Which e-mail address is preferred for receiving APWA communications? School-Related Permanent/Home

Student to be covered: (At least one mailing address, phone number, and e-mail address is required.)

Mr., Mrs., Miss, etc. _____ First Name _____ Middle Name or Initial _____ Last Name (include suffix) _____

School-Related Mailing Address _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

School-Related Phone Number _____ School-Related Fax Number _____

School-Related E-Mail Address _____

Permanent/Home Mailing Address _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

Permanent/Home Phone Number _____ Permanent/Home Fax Number _____

Permanent/Home E-Mail Address _____

Which e-mail address is preferred for receiving APWA communications? School-Related Permanent/Home

Step 3

Member Information (continued)

Student to be covered: (At least one mailing address, phone number, and e-mail address is required.)

Mr., Mrs., Miss, etc.	First Name	Middle Name or Initial	Last Name (include suffix)
School-Related Mailing Address			
City	State/Province	Zip Code/Postal Code	Country
School-Related Phone Number		School-Related Fax Number	
School-Related E-Mail Address			
Permanent/Home Mailing Address			
City	State/Province	Zip Code/Postal Code	Country
Permanent/Home Phone Number		Permanent/Home Fax Number	
Permanent/Home E-Mail Address			
Which e-mail address is preferred for receiving APWA communications? <input type="checkbox"/> School-Related <input type="checkbox"/> Permanent/Home			

Student to be covered: (At least one mailing address, phone number, and e-mail address is required.)

Mr., Mrs., Miss, etc.	First Name	Middle Name or Initial	Last Name (include suffix)
School-Related Mailing Address			
City	State/Province	Zip Code/Postal Code	Country
School-Related Phone Number		School-Related Fax Number	
School-Related E-Mail Address			
Permanent/Home Mailing Address			
City	State/Province	Zip Code/Postal Code	Country
Permanent/Home Phone Number		Permanent/Home Fax Number	
Permanent/Home E-Mail Address			
Which e-mail address is preferred for receiving APWA communications? <input type="checkbox"/> School-Related <input type="checkbox"/> Permanent/Home			

Student to be covered: (At least one mailing address, phone number, and e-mail address is required.)

Mr., Mrs., Miss, etc.	First Name	Middle Name or Initial	Last Name (include suffix)
School-Related Mailing Address			
City	State/Province	Zip Code/Postal Code	Country
School-Related Phone Number		School-Related Fax Number	
School-Related E-Mail Address			
Permanent/Home Mailing Address			
City	State/Province	Zip Code/Postal Code	Country
Permanent/Home Phone Number		Permanent/Home Fax Number	
Permanent/Home E-Mail Address			
Which e-mail address is preferred for receiving APWA communications? <input type="checkbox"/> School-Related <input type="checkbox"/> Permanent/Home			