

CENTRAL NEW YORK WATER WORKS ASSOCIATION



First Name: _____ Last Name: _____ Middle Initial: _____

Utility / Company: _____

Street: _____ City: _____ State: _____ Zip: _____

Fax#: _____ Telephone#: _____ E-Mail: _____

Are you a member of the American Water Works Association (NATIONAL) Yes No

Grade of water treatment plant. (If applicable) A B C D

Grade of your NYS Operators Certification IA IIA IB IIB C D
Certification # NY _____

Business and Industry (Check only one)

- Public Water Supply Utility – Municipally Owned
- Public Water Supply Utility – Investor Owned
- Governmental – Federal / State / Local
- Consultant
- Contractor
- Private Industrial System or Water Wholesaler
- Manufacturer of Equipment & Supplies including Representatives
- Distribution of Equipment & Supplies including Representatives
- Educational Institutions, Faculty, students, Libraries and other Organizations
- Fully Retired
- Research Lab
- Unreported

Job Title (Check only one)

- Executive – General Manager, Commissioner, Board Member, City Manager, Mayor, President
- Management – Division Head, Section Head, Manager, Chief Engineer, Comptroller
- Engineering/non-managerial – Civil, Mechanical, Environmental, Field, System Design, Field Manager
- Scientific/non-managerial – Chemist, Biologist, Biophysicist, Researcher, Analyst
- Purchasing – Purchasing Agent, Procurement Specialist, Buyer
- Operations – Foreman, Operator, Maintenance, Crewman
- Marketing & Sales non-management – Salesperson, Marketing Rep, Marketing Analyst, Sales Rep
- Other:

Interest Codes (Check all that apply. These codes help us develop programs of interest)

- | | | |
|--------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Backflow | <input type="checkbox"/> Filtration | <input type="checkbox"/> Regulatory/Legislative |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Ground Water | <input type="checkbox"/> Water Resources Management/Planning |
| <input type="checkbox"/> Computer/Info Sys. | <input type="checkbox"/> Hazardous Waste Management | <input type="checkbox"/> Rates/Cost Services |
| <input type="checkbox"/> Conservation/Efficiency | <input type="checkbox"/> Laboratory/Testing/Sample | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Maintenance/Operation | <input type="checkbox"/> Surface Water |
| <input type="checkbox"/> Disinfection | <input type="checkbox"/> Membrane Treatment | <input type="checkbox"/> Water Rescue |
| <input type="checkbox"/> Distribution System | <input type="checkbox"/> Personnel Management | <input type="checkbox"/> Youth Education |
| <input type="checkbox"/> Emergency Planning | <input type="checkbox"/> Public Information/Relations | |
| <input type="checkbox"/> Other: | | |

Mail to: CNYWWC
Attn: S. Hayes
PO Box 4949
Syracuse, NY 13221-4949