



# National Solid Wastes Management Association

4301 Connecticut Ave., NW, Suite 300, Washington, DC 20008-2369

(phone) 800-424-2869, Ext. 3716 • (fax) 202-966-4824 • [www.NSWMA.org](http://www.NSWMA.org)

## 2012 Membership Application

NSWMA 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.

### 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 EIA/NSWMA/WASTEC. Signature: \_\_\_\_\_

### Select your type(s) of operations:

#### Waste Collection

- C&D
- Healthcare
- MSW
- 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 \_\_\_\_\_

Briefly describe your primary business: \_\_\_\_\_

List the state(s) where your company operates: \_\_\_\_\_

**Please list your:**

**Chief Executive Contact**

\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Billing Contact**

\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Legal Contact**

\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Marketing Contact**

\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Health & Safety Contact**

\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Public Affairs Contact**

\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Determine Your Dues Payment**

To determine your dues payment, please check the chart below to find your company's gross annual revenues earned from services related to the management of waste in calendar year 2011. The NSWMA 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
Less than 1	\$600	6 and over/less than 10	\$3,600	50 and over/less than 100	\$17,800
1 and over/less than 2	\$900	10 and over/less than 17	\$6,000	100 and over/less than 150	\$23,000
2 and over/less than 3	\$1,200	17 and over/less than 23	\$8,900	150 and over/less than 200	\$27,400
3 and over/less than 6	\$2,400	23 and over/less than 50	\$11,900	200 and over/less than 300	\$32,450
<input type="checkbox"/> Insurance Company	\$1,000				

For revenue above \$300 million, please contact the NSWMA membership department for annual dues information. The NSWMA membership department can be reached at 800-424-2869, Ext. 3716 or [membership@NSWMA.org](mailto:membership@NSWMA.org).

**Please Provide Your Payment Information**

Membership Dues: \$ \_\_\_\_\_ Healthcare Waste Institute Dues: \$ \_\_\_\_\_

Check Payable to NSWMA     American Express     MasterCard     Visa     Discover

Cardholder's Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_

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