



Group Membership Application

CONTACT INFORMATION (for Group Key Contact/Billing)

Mr., Mrs., Ms., etc	First Name	MI	Last Name (include suffix)	Preferred Name (informal)	Year of Birth
Organization (Agency/Firm)			Title		
Address					
City		State	Zip + 4 Code	Country	
Phone	Cell		E-mail		

DUES

Groups will receive one consolidated renewal notice with a member roster attached. Public Agency, Corporate, and One-Call groups may add or drop members from the roster throughout the year, if necessary.

Use the Member Information section to provide names and contact information for people to be on the group membership roster.

GROUP MEMBERSHIP

PUBLIC AGENCY

Select the appropriate population category for your type of agency. Use the "Additional Rostered Members" line below if you would like to have more than the specified number of rostered members for that population category (\$211 USD per additional person).

- State or Provincial Agencies—Number of rostered members and annual dues for the group would be determined using the "Population Served" column representing 10% of total state/provincial population.
- County Agencies—Number of rostered members and annual dues for the group would be determined using the "Population Served" column representing 50% of total county population.
- Special Districts—Number of rostered members and annual dues for the group would be determined using the "Population Served" column representing 20% of total district population.
- All others—Refer to column representing total population served by the agency.

	Population Served	Amount Covered	Dues*
<input type="checkbox"/>	0 – 10,000	2	\$421
<input type="checkbox"/>	10,001 – 25,000	4	\$844
<input type="checkbox"/>	25,001 – 50,000	6	\$1,265
<input type="checkbox"/>	50,001 – 100,000	10	\$2,107
<input type="checkbox"/>	100,001 – 300,000	16	\$3,371
<input type="checkbox"/>	300,001 – 500,000	20	\$4,215
<input type="checkbox"/>	500,001 – 1,000,000	26	\$5,480
<input type="checkbox"/>	More than 1,000,000	30	\$6,322
<input type="checkbox"/>	Federal Agency	50	\$10,537

*PRICES GOOD THRU DECEMBER 31, 2026

CORPORATE / OTHER

Available to any non-governmental entity that furnishes public works services or products, including privately held or incorporated utilities. Select a level of corporate membership: Heritage, Prestige, or Crown. Visit www.apwa.org/about-apwa/membership/corporate-group-membership/ for benefits chart.

One-Call Center / System Group Memberships: Provides a method for those focused on damage prevention to share new technologies and practices and to promote public safety.

Use the "Additional Rostered Members" line on next page if you would like to have more than the specified number of rostered members for the group type you choose (\$211 USD per additional person).

	Type	Amount Covered	Dues*
<input type="checkbox"/>	Heritage	2	\$617
<input type="checkbox"/>	Prestige	10	\$2,671
<input type="checkbox"/>	Crown	40	\$12,136

Group Membership Application *continued*

LOCAL CHAPTER DUES* (Note local chapter dues—if applicable)			
<input type="checkbox"/>	Arizona	\$25 per person	<div>enter total</div> <div>\$</div>
<input type="checkbox"/>	Arkansas	\$63 per person	
<input type="checkbox"/>	Central California	\$25.20 per person	
<input type="checkbox"/>	Northern California (counties of San Francisco, Alameda, Contra Costa, Marin, Solano, Napa, Sonoma, Lake, Mendocino, Humboldt, and Del Norte, plus northern San Mateo county)	\$37.80 per person	
<input type="checkbox"/>	Sacramento Area, California (counties of Siskiyou, Modoc, Trinity, Shasta, Lassen, Tehama, Plumas, Glenn, Butte, Colusa, Sutter, Yuba, Nevada, Sierra, Yolo, Sacramento, Placer, El Dorado, Amadore, Calaveras, Tuolumne, Mono, Alpine, and San Joaquin)	\$25 per person	
<input type="checkbox"/>	San Diego/Imperial Counties, California	\$63 per person	
<input type="checkbox"/>	Southern California (counties of Los Angeles, Orange, San Bernardino, and Riverside)	\$63 per person	
<input type="checkbox"/>	Ventura County, California	\$10 per person	
<input type="checkbox"/>	Florida	\$10 per person	
<input type="checkbox"/>	KC Metro	\$15 per person	
<input type="checkbox"/>	Kentucky	\$20 per person	
<input type="checkbox"/>	Michigan	\$25 per person	
<input type="checkbox"/>	Mid-Atlantic (DC, MD, VA, WV)	\$20 per person	
<input type="checkbox"/>	Minnesota	\$63 per person	
<input type="checkbox"/>	Nevada	\$25.20 per person	
<input type="checkbox"/>	New England (CT, MA, NH, RI, VT)	\$63 per person	
<input type="checkbox"/>	New Jersey	\$15 per person	
<input type="checkbox"/>	New Mexico	\$10 per person	
<input type="checkbox"/>	New York (excluding NY City metro area)	\$15 per person	
<input type="checkbox"/>	North Carolina	\$10 per person	
<input type="checkbox"/>	South Carolina	\$10 per person	
<input type="checkbox"/>	Ohio	\$15 per person	
<input type="checkbox"/>	Rocky Mountain (ID, MT, WY)	\$10 per person	
<input type="checkbox"/>	Tennessee	\$15 per person	
<input type="checkbox"/>	Texas	\$30 per person	
<input type="checkbox"/>	Utah	\$20 per person	
<input type="checkbox"/>	Washington	\$25 per person	
<input type="checkbox"/>	Western Pennsylvania	\$10 per person	
<input type="checkbox"/>	Wisconsin	\$15 per person	

There are 62 APWA chapters in North America, some have local chapter dues in addition to national membership dues. The national headquarters handles the collection of those local chapter dues, which (where applicable) are mandatory and must be paid in full to maintain active membership status.

For a complete list of chapters visit www.apwa.org/chapters.

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NEXT STEPS

Email completed application to memberservices@apwa.org or mail to address below. 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 member dues may be tax deductible as ordinary and necessary business expenses for U.S. members (subject to IRS guidelines). No portion of member dues is allocable to non-deductible lobbying expenditures. You may wish to consult a tax advisor.

Group Member Dues	\$	_____
Additional Rostered Members (\$211 x number of additional members)	\$	_____
Chapter Dues	\$	_____
TOTAL	\$	_____

PAYMENT OPTIONS

☐ Credit card information can be entered online once the group is created.
APWA will email the invoice and payment instructions to the key contact.

☐ Check is enclosed for \$ _____

MAIL TO:

APWA
PO Box 7411530
Chicago, IL 60674-1530

☐ Purchase order # _____

Email receipt to: _____

☐ Please mail an invoice to the attention of:

EMAIL APPLICATION TO:

memberservices@apwa.org

Date: ____/____/____

MEMBER INFORMATION (Please print)

- A unique email address is required for each member.
- E-mail addresses are only utilized for distributing APWA- and CPWA-related news and information.
- For group memberships including more than 4 individuals, please copy this form as needed.

Mr., Mrs., Ms., etc	First Name	MI	Last Name (include suffix)	Preferred Name (informal)	Year of Birth
Organization (Agency/Firm)			Title		
Address					
City			State	Zip + 4 Code	Country
Phone		Cell		E-mail	

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