



Individual Membership Application

CONTACT INFORMATION

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

☐ Individual **\$252^Δ** ☐ Never Been A Member **\$126***

Individual membership is available to any official or employee of a governmental agency, manufacturer, supplier, contractor, or consulting firm that is actively engaged in the field of public works. Visit www.apwa.org/membership for benefits chart.

*Must be a first-time member with APWA to be eligible for the special rate offer.

^Δ PRICES GOOD THRU DECEMBER 31, 2026

LOCAL CHAPTER DUES* (Note local chapter dues—if applicable)

<input type="checkbox"/> Arizona	\$25 per person	<input type="checkbox"/> Nevada	\$25.20 per person	<i>enter total</i>	
<input type="checkbox"/> Arkansas	\$63 per person	<input type="checkbox"/> New England (CT, MA, NH, RI, VT)	\$63 per person		
<input type="checkbox"/> Central California	\$25.20 per person	<input type="checkbox"/> New Jersey	\$15 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"/> New Mexico	\$10 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"/> New York (excluding NY City metro area)	\$15 per person		
<input type="checkbox"/> San Diego/Imperial Counties, California	\$63 per person	<input type="checkbox"/> North Carolina	\$10 per person		
<input type="checkbox"/> Southern California (counties of Los Angeles, Orange, San Bernardino, and Riverside)	\$63 per person	<input type="checkbox"/> South Carolina	\$10 per person		
<input type="checkbox"/> Ventura County, California	\$10 per person	<input type="checkbox"/> Ohio	\$15 per person		
<input type="checkbox"/> Florida	\$10 per person	<input type="checkbox"/> Rocky Mountain (ID, MT, WY)	\$10 per person		
<input type="checkbox"/> KC Metro	\$15 per person	<input type="checkbox"/> Tennessee	\$15 per person		
<input type="checkbox"/> Kentucky	\$20 per person	<input type="checkbox"/> Texas	\$30 per person		
<input type="checkbox"/> Michigan	\$25 per person	<input type="checkbox"/> Utah	\$20 per person		
<input type="checkbox"/> Mid-Atlantic (DC, MD, VA, WV)	\$20 per person	<input type="checkbox"/> Washington	\$25 per person		
<input type="checkbox"/> Minnesota	\$63 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/connections-networking/apwa-chapters/.

Individual Membership Application continued

PAYMENT

Send entire completed application and payment information by mail or email to memberservices@apwa.org. 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.

Individual or New Member Dues \$ _____

Chapter Dues \$ _____

TOTAL PAYMENT DUE \$ _____

PAYMENT METHOD

☐ To pay by card please visit www.apwa.org/about-apwa/membership/

☐ Please email invoice to: _____

☐ Check enclosed for \$ _____

MAIL TO: APWA, PO Box 7411530, Chicago, IL 60674-1530

EMAIL APPLICATION TO:
memberservices@apwa.org

Would you like a receipt sent to you? ☐ Yes ☐ No

Email receipt to _____