



2007-2008 Membership Application

Organization Name _____

Official Representative: _____ Title: _____

Organization Address: _____

City: _____ P.C. _____

Telephone: (____) _____ Fax: (____) _____

Cell: _____ E-mail: _____

Website: _____

Organization Profile: _____

The **mwin** membership year runs from June 1 to May 31. Prorated memberships are available. Please contact us regarding prorated fees. Rates quoted are for organizations except for individual and student classifications. Please check the membership category that applies to you or your company.

- Municipality**

Municipality Size	Fee	Municipality Size	Fee
<input type="checkbox"/> Less than 10,000 population	\$ 115	<input type="checkbox"/> 250,000 – 500,000	\$ 535
<input type="checkbox"/> 10,000 – 50,000	\$ 220	<input type="checkbox"/> 500,000 – 750,000	\$ 695
<input type="checkbox"/> 50,000 – 100,000	\$ 325	<input type="checkbox"/> 750,000 – 1,000,000	\$1,010
<input type="checkbox"/> 100,000 – 250,000	\$ 430	<input type="checkbox"/> 1,000,000+	\$1,595

- Corporate (Manufacturers, Distributors, Brand Owners)**

<input type="checkbox"/> Less than 50 employees	\$ 285	<input type="checkbox"/> Greater than 50 employees	\$ 835
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- Trade Association** \$ 835
- Public / Government Agency** \$ 285
- Non-Profit Organization** \$ 125
- Consultant / Legal Firm**

<input type="checkbox"/> Less than 4 employees	\$ 285	<input type="checkbox"/> Greater than 4 employees	\$ 835
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- Waste Management Company**

<input type="checkbox"/> Less than 50 employees	\$ 285	<input type="checkbox"/> Greater than 50 employees	\$ 835
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- Equipment Manufacturers & Distributors**

<input type="checkbox"/> Less than 4 employees	\$ 285	<input type="checkbox"/> Greater than 4 employees	\$ 835
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- Individual** \$ 125

Pro-Rated Membership Fees \$ _____
 6% G.S.T. (Reg. # 88048 RC0001) \$ _____
Total Membership Fees Enclosed \$ _____

PAYMENT METHOD

- Cheque Payable to **mwin** **VISA** Credit Card

Cardholder Name: _____ Card # _____ Exp. _____