

A Collective Voice for the Emerging Water Technology Industry

www.waterinnovations.org

The Water Innovations Alliance www.waterinnovations.org is the leading international trade association for emerging technology companies and the corporations, utilities, municipalities, universities and NGOs they serve. We work to expand markets, strengthen research and development, remove regulatory and market barriers and improve education and outreach for water industry professionals. Located in Washington, DC, Water Innovations Alliance was founded in 2008 as a 501c (6) trade group and is composed of four main focus areas: Government Affairs, Research and Education, Meetings and Communications. Primary activities are to effectuate federal policy that supports development, reduces barriers and improves market conditions for the U.S. water technologies market. The Water Innovations Alliance coordinates with several international bodies and other associations to support clean water, responsible use, desalination and water utilities.

Join Us. Add your voice to ours!

The Water Innovations Alliance 2010 Membership Form Large Corporation Foundation Member - - - - - \$25.000 Small Corporation Foundation Member (under \$1 billion market cap) - - - - - - - \$10,000 Large Corporation Member (over \$1 billion market cap) - - - - - - - - - - \$10,000 Small and Mid-Sized Corporation, Government Agency and Service Firm Members - - - - - - \$5,000 University Member - - - - - - \$5,000 National or Regional Economic Development Office or Association - - - - - - - - - - - \$3,000 Startup and Non-Profit Members - - - - - \$1.000 To pay by check please print and complete this form. Mail with your check made payable to Water Innovations Alliance: Vincent Caprio, Chief Operating Officer, 4 Research Drive, Suite 402, Shelton, CT 06484 vince@waterinnovations.org, (203) 733-1949, www.waterinnovations.org Full Name: Company/School: ______ State: _____ Zip/Postal Code: _____ Country: _____ Phone: ______ Fax: ______ Membership Type: To pay by credit card, please complete the following and fax to 480-275-3662 Attn: Vincent Caprio Type of Credit Card: MasterCard Visa Amex Expiration _____ (mm/yy) Credit Card Number: Full name on credit card: Cardholder's signature: