

APPLIED RESEARCH SUBSCRIPTION FORM

Personal Information

Organization/Company Name:	
Name:	
Title:	
Address 1:	
Address 2 (optional):	
City:	State/Province
Zip/Postal Code:	Country:
	Fax:Fax:
Email:	
Membership Categories (ple	ease check just one)
Annual Subscription Fee for	r Solid Waste Service Provider
Tons of waste managed per year:	
Tons/year x \$0.011/ton = Annual Subs	cription fee:
Annual Subscription Fee for Corporate	Subscriber: \$500–\$16,500 (depending on company size)
Payment Information	
Check made payable to SWANA enclo	sed for following amount:
(Copy of P.O. must be attached)	
Credit card type:	
Credit card number:	
Signature:	Date
Payment policy: SWANA accepts cash	n, checks, money orders, Visa, Mastercard, Discover, and American Express.

Please submit completed form and payment to:

Purchase orders for future invoicing will be accepted from organizations who have been SWANA members for at least 90 days and have an account in good standing. **A copy of all purchase orders must accompany this form.**

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