



# World Water Council

## Membership Application Form

### ① Identification

Name of your organisation:

Acronym / abbreviation:

Department / Unit:

Date of Establishment:

Country of establishment:

### ② Organisation's profile

- What is your annual budget?

- What are your main sources of income?

- How many employees do you have?

- Are you a membership organisation, if so, how many members do you have?

Is it international membership?  Yes/  No

Do you have individual members, corporate members or both?

- Do you have subsidiary offices, and if so, how many?

If you do have subsidiary offices abroad, please indicate the countries in which your subsidiary office(s) are located?

### ③ Organisation's activities

- Are your organization's activities primarily focused on water?

Yes /  No

Please indicate your field(s) of expertise and activities?

Water Resources Management

Water Supply and/or Sanitation

Regulation and/or Governance

Economics and/or Finance

Climate and Natural Hazards

Research and/or Assessment

Environment and/or Ecosystems

Media and/or Awareness

Energy and/or Industry

Education and/or Capacity Building

Human Settlements and/or Habitat

Human Rights and/or Social Issues

Agriculture and/or Beverage-Food Production

Development and/or Infrastructure

Human Basic Needs and/or Health

Technology and/or Engineering

International Cooperation and/or Humanitarian Relief

Other: ...

Please specify your activities by providing a list of more precise keywords:

- Scope of your organization:  International  Multi-national  Regional  National  Local  Basin

Please indicate your geographical area(s) of expertise and/or activities?

Please provide a description of your activities linked to water (use a separate sheet if you need more space):

### ④ Address

Department / Unit:

Street:

P.O. Box #:

City:

Postal Code:

Province/State:

Country:

Telephone: Country code:

Number:

Facsimile:

Organization E-mail:

Website of your organisation: http://

Social media accounts:

⑤ **Contacts**

**Official contact: Person responsible for the relationship with the WWC:**

(Mr./Mrs.) First Name: Last Name: Position / Title:

E-mail: Other e-mail (while travelling or else):

**President, CEO or equivalent:** (Mr./Mrs.) First Name: Last Name:

Position / Title: E-mail:

**Administrative contact:** (Mr./Mrs) First Name: Last Name:

Position / Title: E-mail:

**Communication contact:** (Mr./Mrs.) First Name: Last Name:

Position / Title: E-mail:

⑥ **Motivation and commitment**

- Why is your organisation interested in joining the WWC?

- How do you intend to contribute to the mission and goals of the WWC?

We hereby confirm:

- having read and understood the Constitution, By-Laws and Membership Guidelines of the World Water Council;
- our commitment to paying the annual WWC membership fees; and
- our acceptance to have our membership information and official contact published in the WWC directory.

Date: Stamp of the organization:

Name and signature of the CEO, President or equivalent:

- Additional information and clarification may be requested to support your application
- Your application will be reviewed by the WWC Bureau and submitted to the WWC Board of Governors for final approval
- Upon adoption, you will receive a notification and an invoice for your membership fees
- Applicants are considered to be officially members subject to the payment of their membership fees

Please return the original of this form, duly filled in and signed, along with a brochure, an activity report and any additional documents you may feel relevant to your application to:

World Water Council, Conseil Mondial de l'eau  
Espace Gaymard, 2-4 Place D'Arvieux,  
13002 Marseille – France

For our record:

How did you hear about the World Water Council?

- |  |   |
|--|---|
| <input type="checkbox"/> By attending a World Water Forum        | <input type="checkbox"/> By subscribing to the Water Policy Journal |
| <input type="checkbox"/> By visiting the Council's website       | <input type="checkbox"/> By meeting a World Water Council member    |
| <input type="checkbox"/> By receiving a Council's communications | <input type="checkbox"/> By meeting a HQ staff person               |
| <input type="checkbox"/> By attending an event of the Council    | <input type="checkbox"/> By receiving the membership package        |
|  | <input type="checkbox"/> Other:                                     |