wcampwa
westchester county association
of municipal public works administrators

MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

TITLE: _____

AFFILIATION: _____

E-MAIL ADDRESS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO.: _____

If your affiliation is a firm, corporation, partnership or other business enterprise, please provide a brief description of it's history, background, services, and/or products provided. Applications for membership are reviewed monthly and prospective Members/Associate Members will be notified once membership is approved. For questions regarding membership, please contact Jeff Coleman, Village of Scarsdale 914-722-1154. Submit completed applications to jcoleman@scarsdale.gov.

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DO NOT WRITE BELOW THIS LINE

Application: Approved:_____ Denied:_____ Date: _____

Type of Membership: Regular: _____ Life: _____ Associate:_____