



**MEMBERSHIP APPLICATION / RENEWAL
SVSWMA, Inc.**

Name: _____
Company: _____
Address: _____
Phone Number: _____
Fax Number: _____
Email: _____

Note: Membership year is from September 1st. through August 31st. New members will receive a full year plus any extra months prior to September 1st. Renewal notifications will be sent out in July of each year.

• **Individual Fee: \$50.00**

Please make checks payable to: SVSWMA or pay online

Individual – Held by an individual, employed in either the public or private sector, vested with voting rights, the right to hold elected office, the ability to earn CPE (Continuing Professional Education) Credits and all other privileges afforded by the Association.

Membership application and payment can be mailed to:
SVSWMA C/O New River Valley Regional Commission
6580 Valley Center Drive, Suite 124
Radford, VA 24141

If payment is made online, application can be emailed to: jphillips@nrvc.org with SVSWMA Membership Renewal in the subject line.