

EWA Membership Application

- National Membership Sponsor Membership
 Corporate Membership Research Membership

Contact Person (Please type or print clearly in CAPITAL LETTERS)

* all fields marked with a star are required for the registration

- * **Title** Mr. Mrs. Ms.
Academic Title Prof. Dr. Other
- * **NAME, First name:** _____
* **Organisation** _____
* **Postal Address** _____
* **Postal Code** _____
Tel./Fax: _____
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Find us on :



Your interests are important for us

In order to inform you purposefully, we request the following information:

Interested in

- Integrated Water Research Management
 Restoration of Water Bodies
 Flood Protection
 Drinking Water
 Wastewater
 Storm Water
 Rehabilitation of Water and Wastewater Systems

- Climate Change
 Hydropower
 Research
 Economics
 European Legislation
 Other:

I became aware of EWA through

- Colleagues
 Journal KA/KW
 Educational events
 Internet
 Social Media
 Other: