



International
Association of Water
Service Companies
in the Danube Region

Membership Application Form

Please check the Membership Type you are applying for:

Utility

Association

Corporate

Research and Academia

YWP Chapter

Member details

Name of company/organisation:

Address:

City:

ZIP Code:

Country:

P.O. Box:

Phone:

Email:

Website:

Authorized Representative

Name and surname:

Position:

Phone/Mobile:

Email:

IAWD Focal Point

(contact person to receive all membership communication from IAWD Secretariat)

Name and surname:

Position:

Phone/Mobile:

Email:

Contact person for invoicing

Name and surname:

Position:

Phone/Mobile:

Email:

iawd.at

office@iawd.at

c/o Wiener Wasser
Grabnergasse 4-6
A - 1060 Wien

Bank: Unicredit Bank Austria AG
BIC: BKAUATWW
IBAN: AT70 1200 0006 5020 9604



Additional contact to receive IAWD communication

Name and surname:

Position:

Email:

Name and surname:

Position:

Email:

Name and surname:

Position:

Email:

Utility specifications

(only if applying for the Utility membership)

Form of utility/company:	Distribution	Distribution AND Treatment	Treatment		
Costumers served:	up to 100.000	100.001 – 500.000	500.001 – 1.000.000	over 1.000.000	
Annual water sales or wastewater treated:	up to 2 Mm ³	2 – 10 Mm ³	10 – 20 Mm ³	20 – 50 Mm ³	over 50 Mm ³

YWP Chapter specifications

(only if applying for the YWP Chapter membership)

State your respective institution,
e.g. your national association:

Membership fee

For utility members, the membership fee is based on annual water sales/wastewater treated. Fees for the remainig membership categories are fixed.

Utility Member	up to 2 Mio. m ³ /a – EUR 840,00	Association Member – EUR 730,00
	2 – 10 Mio. m ³ /a – EUR 1.679,00	Coporate Member – EUR 1.000,00
	10 – 20 Mio. m ³ /a – EUR 2.519,00	Research and Academia Member – EUR 1.000,00
	20 – 50 Mio. m ³ /a – EUR 3.358,00	
	over 50 Mio. m ³ /a – EUR 5.877,00	YWP Chapter Member – Free

Date:

Signature:

Signer's name and surname (in capital letters):

With my signature, I declare that I have read and understood the [data privacy statement of IAWD](#).

Please submit this application form to: office@iawd.at