



Application for Membership to the International Rainwater Catchment Systems Association (IRCSA)

Please send this form along with a check for your membership dues to:

IRCSA
c/o Trisha Macomber
UH-CTAHR-NREM
875 Komohana St.
Hilo, HI 96720
USA

Date											
Title											
First Name											
Last Name											
Mailing Address line 1											
line 2											
line 3											
City											
State/Province/Region											
Zip/Post code											
Country											
Telephone											
Fax											
E-mail											
Type of membership (Check one) <i>Please make checks/drafts in US dollars and payable to IRCSA</i>	<table border="1"><tr><td><input type="checkbox"/></td><td>One Year Individual Membership (US\$30)</td></tr><tr><td><input type="checkbox"/></td><td>One Year Student Membership (US\$15)</td></tr><tr><td><input type="checkbox"/></td><td>One Year Institutional Membership (US\$100)</td></tr><tr><td><input type="checkbox"/></td><td>Lifetime Membership (US\$300)</td></tr><tr><td><input type="checkbox"/></td><td>Lifetime Institutional Membership (US\$1000)</td></tr></table>	<input type="checkbox"/>	One Year Individual Membership (US\$30)	<input type="checkbox"/>	One Year Student Membership (US\$15)	<input type="checkbox"/>	One Year Institutional Membership (US\$100)	<input type="checkbox"/>	Lifetime Membership (US\$300)	<input type="checkbox"/>	Lifetime Institutional Membership (US\$1000)
<input type="checkbox"/>	One Year Individual Membership (US\$30)										
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<input type="checkbox"/>	One Year Institutional Membership (US\$100)										
<input type="checkbox"/>	Lifetime Membership (US\$300)										
<input type="checkbox"/>	Lifetime Institutional Membership (US\$1000)										

Optional Questions for inclusion in member guide

<p>Interest in rainwater harvesting: <i>(choose as many as are applicable)</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Rainwater User (Domestic) Rainwater User (Agriculture) Contractor/Installer Equipment manufacturer Scientific/technical researcher Social researcher Policy maker/adviser Other (specify)</p>
<p>Type of organisation you will be working on rainwater harvesting for: <i>(choose as many as are applicable)</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Individual Commercial NGO Government department University/research institute Other (specify)</p>
<p>Any other information you would like included in the member directory <i>(25 words max)</i></p>		

Thank you for your application