



The Institute of Chartered Waste Managers

NATIONAL MEMBER OF
ISWA
International Solid Waste Association

ICWM MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Current address:

City:

State:

ZIP Code:

Country:

Occupation:

Company/Organization Name:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

MEMBERSHIP CATEGORY

- Fellow
- Patron
- Lifetime
- Corporate
- Member
- Student

REFERENCES

Name

Address

Phone

SIGNATURES

I authorize the verification of the information provided on this form as to my credit. I have received a copy of this application.

Signature of applicant:

Date:

Joining and Annual Fee:

Categories	Joining Fee (INR)	Annual Fee (INR)
Fellow	to be awarded	
Patron	2,50,000	-
Lifetime	1,50,000	-
Corporate	1,00,000	50,000
Member	75,000	25,000
Student	1,000	12,000