



1. Organization/ Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

2. Please indicate the watersheds which are of interest to your organization (please check all that apply):

East Branch DuPage River       West Branch DuPage River       Salt Creek

3. DESIGNATED REPRESENTATIVE:	ALTERNATE REPRESENTATIVE:
Name: _____	Name: _____
Title: _____	Title: _____
Direct Line: _____	Direct Line: _____
Email: _____	Email: _____

The Designated Representative is authorized to vote at Workgroup meetings on the organization's behalf and the Alternate Representative is authorized to vote in the absence of the Designated Representative.

I hereby apply for Associate/ Individual membership in the DuPage River/Salt Creek Workgroup (DRSCW) on behalf of the above named organization/ name.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please complete this application and return it with a check made payable to the DuPage River Salt Creek Workgroup for the amount of annual dues to:

DuPage River Salt Creek Workgroup  
 10S404 Knoch Knolls Road  
 Naperville, Illinois 60565

Contact Tara Neff, Water Resource Assistant, at 630-428-4500 X23 with any questions.