



2024 Service Provider Application

Your company provides an important public service.

We want to do the same.



Membership Application for Service Providers

The National Waste & Recycling Association represents for-profit companies that provide solid and medical waste collection, recycling, and disposal services, as well as companies that provide professional services to the waste industry so they can get the information they need to be safer, smarter and stronger.

Provide Your Company Information

Company Name: _____

Division/Subsidiary of: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Toll Free: _____ Fax: _____

General E-mail: _____ Website Address: _____

Primary Contact: _____ Title: _____

E-mail: _____

Phone: _____ Cell: _____

By providing phone and fax numbers, and email address, the individual or business agrees to receive association information from the Association.

Signature: _____

Dues Schedule

To determine your dues payment, please check the chart below to find your company's gross annual revenues in the waste and recycling industry from the last calendar year. **Please please a check mark next to your category.** The annual membership year is January 1 through December 31. **If your revenue exceeds the below chart, please call 202.364.3782**

Revenue in Millions	Annual Dues		Revenue in Millions	Annual Dues		Revenue in Millions	Annual Dues	
Less than 2	\$990	<input type="checkbox"/>	10 and over/less than 17	\$7,820	<input type="checkbox"/>	100 and over/less than 150	\$30,000	<input type="checkbox"/>
2 and over/less than 3	\$1,570	<input type="checkbox"/>	17 and over/less than 23	\$11,620	<input type="checkbox"/>	150 and over/less than 200	\$35,760	<input type="checkbox"/>
3 and over/less than 6	\$3,140	<input type="checkbox"/>	23 and over/less than 50	\$15,530	<input type="checkbox"/>	200 and over/less than 300	\$42,350	<input type="checkbox"/>
6 and over/less than 10	\$4,700	<input type="checkbox"/>	50 and over/less than 100	\$23,240	<input type="checkbox"/>	300 and over/less than 400	\$56,470	<input type="checkbox"/>

Payment Information

For security reasons, we are unable to accept credit card information on this printed form. Please contact us by phone (202-364-3782) to pay by credit card. You may also use a credit card with the online application.

Tax Information: Membership dues are deductible as a business expense but not as a charitable contribution. NWRA's federal tax ID is 36-6161231.

To pay by ACH:

ABA #: 021052053

UPIC/Acct #: 69260697

Please make sure to note your company name in the transaction notes.

To pay by check, mail to:

National Waste & Recycling Association

Dues Payment

1550 Crystal Drive, Suite 804

Arlington, VA 22202

Please email your completed application to membership@wasterecycling.org



WasteExpo

Are you exhibiting at WasteExpo?

Yes No

If you are, what name are you exhibiting under? _____

Booth number: _____ Booth size: _____

Please list your contacts.

Take full advantage of what we offer by ensuring that all of the appropriate people from your company receive important updates and information that affect them.

	Name	Office Phone	Cell Phone	Email
Primary Contact	_____	_____	_____	_____
Executive Contact	_____	_____	_____	_____
Billing Contact	_____	_____	_____	_____
Safety Contact	_____	_____	_____	_____
Contact	_____	_____	_____	_____
Contact	_____	_____	_____	_____
Contact	_____	_____	_____	_____

What is your primary business:

Select your type(s) of operations:

Waste/Recycling Collection

- C&D
- Healthcare
- SW
- Recyclables

Facilities

- C&D - MRF
- Composting
- Healthcare Waste Treatment
- Landfill - C&D
- Landfill - MSW
- MSW - MRF
- Recycling End-User
- Transfer Station

Professional Services

- Civil/Env. Engineering
- Financial
- Insurance
- Legal/Govt. Affairs
- Other _____

List the state(s) where your company operates:

Let us know how you heard about NWRA:



PRIOR APPROVAL FORM

PRIMARY CONTACT

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

I recognize I may give my authorization to NWRA for multiple years and the completion of each signature automatically authorizes PAC solicitations for the respective year.

2024: _____
Authorized Signature

2025: _____
Authorized Signature

✓ **AUTHORIZATION**

Members of the National Waste & Recycling Association must provide prior approval before NWRA PAC can solicit that member’s restricted class executive personnel for NWRA PAC. Granting this approval does not obligate you or anyone in your company to contribute.

The National Waste & Recycling Association is required by federal law to obtain written approval from NWRA’s member companies before discussing potential support for NWRA PAC with their executive and administrative (those with decision-making authority) personnel, shareholders, and the immediate families of all these groups (collectively known as the “**restricted class**”); *hourly employees are specifically exempt from solicitation*. Corporations may not approve solicitations by more than one trade association for the same calendar year. We ask that you please take a moment now to fill out this form and return it to NWRA at the address provided below. **Signing this form does not constitute a financial obligation or commitment.**

Please return completed form to:

NWRA PAC • 1550 Crystal Drive, Suite 804 • Arlington, Virginia 22202
Email: jriley@wasterecycling.org

This form is only for NWRA member companies. Forms received from non-member companies will be returned.
This communication is not and shall not be considered a solicitation for PAC contributions.