



**APPLICATION FOR CORPORATE, GOVERNMENT, OR EDUCATIONAL ENTITY  
MEMBERSHIP IN THE  
WEATHER MODIFICATION ASSOCIATION**

1. \_\_\_\_\_  
Organization Name

2. \_\_\_\_\_  
Contact Person/ Designated Voting Representative to the WMA

3. \_\_\_\_\_  
Preferred Mailing Address for Publications

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. \_\_\_\_\_  
Country in which Headquartered

5. \_\_\_\_\_  
Business Address (if different from above)

6. Brief statement of your organization's interests in the field of Weather Modification:

I claim Corporate Membership in the WMA for the calendar year.  
My signature below and payment of dues will constitute membership in the Weather Modification Association for one year. I agree to abide by the bylaws and Standards and Ethics statement of the WMA while a member.

\_\_\_\_\_  
Signature and Company

\_\_\_\_\_  
Date