



MEMBRANE FACILITY - PROFILE

Please provide any information about your membrane facility to be included in the AMTA Membrane Facility Map on our Website. This form can be mailed, faxed or emailed to AMTA at the addresses listed below. If you would like to email a picture of your facility to be included as well, please send to admin@amtaorg.com

Organization: _____

Facility Contact Name and Information:

Salutation: _____ First: _____ Mid.: _____ Last: _____ Suffix: _____

Job Title: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Facility Information:

Facility Name: _____

Facility City: _____ Facility State: _____

Type of Water: Drinking Water Wastewater Industrial Water

Type of Facility: (check all that apply)

Brackish Reverse Osmosis (BRO) Seawater Reverse Osmosis (SRO) Nanofiltration (NF)

Microfiltration (MF) Ultrafiltration (UF) Electrodialysis (ED) & Electrodialysis Reversal (EDR)

Design Capacity: _____ (mgd) Start Date Year: _____ Feed TDS: _____

Source Type: _____ Treatment Reasons: _____

Concentrate Disposal: _____

Facility Website: _____

Comments: _____

