



150 CAPITOL STREET, SUITE 5
AUGUSTA, ME 04330
OFFICE (207) 623-9511
FAX (207) 623-9522
www.mwua.org

APPLICATION FOR MEMBERSHIP

Date: _____

Name of Utility, Company or Organization: _____

Primary Contact: _____ Title: _____

Street Address: _____ P O Box : _____

City _____ State: _____ Zip: _____

Telephone #: _____ FAX #: _____ Toll Free: _____

E-mail: _____ Web Site: _____

Please indicate desired membership classification:

- Corporate Member - An operating Maine water utility. Membership dues are based on gross annual revenues. Please contact the office for details.
- Associate Member - A person who is an engineer, public accountant, attorney, or affiliated with a corporation engaged in supplying materials, service or advice to water utilities. **(Dues - \$270 per year)**
- Associate Member Extra Mailing - A person who is an engineer, public accountant, attorney, or affiliated with a corporation engaged in supplying materials, service or advice to water utilities. This membership is for individuals of an organization that already has a current Associate Member and would like to receive all MWUA mailings. **(Dues - \$60 per year)**

Associate Membership Listing Information for Online Directory:

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone# _____

Website Address _____

Email Address _____

Associate Memberships include one mailing of the Maine Water News (6 publications per year), the Journal of the Maine Water Utilities Association (1 publication per year) and a listing in the Directory of Products and Services on MWUA's website.

Individual Members, as designated by the Corporate Member according to the utility's dues step, each receive mailings of the Maine Water News and the Journal.

Associate Member Extra Mailings (\$60 each) are available for individuals of a firm that already has a current Associate Member.

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- Check Enclosed for \$ _____ Please send me an invoice for \$ _____
 - Charge my Credit Card for \$ _____ / _____ / _____ / _____
(Visa / MC / AmEx) Exp. Date

Name on Card: _____ Authorized Signature: _____