



15 UNIVERSITY DR
AUGUSTA, ME 04330
OFFICE 207-623-9511
www.mwua.org

APPLICATION FOR MEMBERSHIP 2024

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 company that is engaged in supplying materials, service or advice to water utilities. (**Dues - \$500 per year**)
- [] Affiliate Member - A Maine utility that **is not a water utility**. (**Dues - \$500 per year**)

Associate Membership Listing Information for Online Directory:

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone# _____

Website Address _____

Email Address _____

Corporate Memberships includes employees receiving “One Water” via email, discounted training classes and access to the member section of our website.

Associate Memberships includes employees receiving “One Water” (4 publications per year) via email and a listing in the Directory of Products and Services on MWUA’s website.

Affiliate Memberships includes employees receiving “One Water” via email, discounted training classes and access to the member section of our website.

☐ Check Enclosed for \$ _____

☐ Please send me an invoice for \$ _____

☐ Charge my Credit Card for \$ _____ / _____ / _____ / _____
(Visa / MC / AmEx) Exp. Date CVV

Name on Card: _____ Authorized Signature: _____