



Rhode Island Water Works Association

**P.O. Box 8553
Cranston, RI 02920**

APPLICATION FOR MEMBERSHIP

NAME: _____ TEL: _____

BUSINESS: _____ FAX: _____

ORGANIZATION: _____

ADDRESS: _____

_____ ZIP: _____

MEMBERSHIP INFORMATION: (Please provide a brief description of your responsibilities or business)

I hereby apply for (FULL / AFFILIATE) membership in the Rhode Island Water Works Association and if accepted agree to abide by the principles and objectives of RIWWA and all rules and regulations as long as the membership is in force.

SIGNATURE: _____ DATE: _____

FEE SCHEDULE:

ANNUAL "FULL" MEMBERSHIP \$50.00
(Renewals will be billed at \$35.00)

ANNUAL "AFFILIATE" MEMBERSHIP \$50.00
(Renewals will be billed at \$50.00)

TOTAL AMOUNT ENCLOSED \$ _____

PLEASE MAKE CHECKS PAYABLE TO: **RHODE ISLAND WATER WORKS ASSOCIATION**

DO NOT WRITE BELOW THIS LINE / FOR ADMINISTRATIVE USE ONLY:

ACCEPTED FOR THE ASSOCIATION: _____

DATE ACCEPTED: _____

MEMBERSHIP #: _____

(Please remit copy of this application with payment to the above address)