



Rhode Island Water Works Association

*C/O Kingston Water District
P.O. Box 216
W. Kingston, RI 02892-0216
www.riwwa.net*

2018 MEMBERSHIP APPLICATION

NAME: _____
UTILITY: _____
BUSINESS: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
Tel: _____ FAX: _____
Cell: _____
Email: _____

TYPE: Renewal: ____ New Membership: ____
CATEGORY: Active: ____ Affiliate: ____ Retired: ____

Annual Dues

Active: \$50.00

Employees of a water department, district, commission, or company, or of a governmental agency related to water supply

Affiliate: \$50.00

Representatives of a person, firm, or corporation engaged in manufacturing, or furnishing materials, or supplies for the construction, or maintenance of water utilities, or employees of an engineering company, or contracting company providing services to the water works industry.

Retired: No Charge

Former active or affiliate members who wish to remain involved with RIWWA.

Amount Enclosed: _____

I hereby apply for (ACTIVE/ AFFILIATE/RETIRED) membership in the Rhode Island Water Works Association and 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: _____

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

Credit Card # _____

Expiration _____ Code _____