

BECOME A MEMBER OF THE NY RURAL WATER ASSOCIATION

Complete this application and return with payment to:
New York Rural Water Association, PO Box 487, Claverack, NY 12513
Phone: 1-888-697-8725

Disclaimer: Dues are not deductible as a charitable contribution.

Company/System Name: _____

Type of System: Water _____ Wastewater _____ Both _____ MHP _____ Business _____ (Please check one)

Other _____ (Please Specify) Population _____

**Public Water System ID# (Required) _____ **SPDES# (Required) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Street Address (If different than mailing address): _____

Phone: (_____) _____ Fax: _____

E-mail Address: _____ Website Address: _____

Contact Person For Water: _____ Title: _____

Contact Person For Wastewater: _____ Title: _____

Company Contact (Business Only): _____ Title: _____

****A customer is defined as one metered or non-metered unit****

Membership Rate Structure (effective January 1, 2018) **Please circle the correct amount.**

Water or Wastewater System		Water and Wastewater Systems	
0 - 50 Customers	\$220.00	0 – 50 Customers	\$278.00
51 – 250 Customers	\$260.00	51 – 250 Customers	\$318.00
251 – 500 Customers	\$289.00	251 – 500 Customers	\$347.00
501 – 1000 Customers	\$318.00	501 – 1000 Customers	\$406.00
Over 1000 Customers	\$347.00	Over 1000 Customers	\$461.00

Associate Membership (**Business Only**) \$365.00

I have enclosed a check in the amount of \$ _____ made payable to New York Rural Water Association.

Card Holder's Name: _____	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Card Holder's Address: _____	City: _____		
State: _____ Zip: _____	Credit Card #: _____		CVV Code: _____
Expiration Date: _____	Signature: _____		
Email: _____			

Thank you for your support!