

BECOME A MEMBER OF THE NY RURAL WATER ASSOCIATION, INC.

Complete this application and return with payment to:

New York Rural Water Association, Inc., 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 (Associate Members Only): _____ Title: _____

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

Membership Rate Structure (effective January 1, 2026)

Please circle the correct amount.

| Water <u>or</u> Wastewater System | | Water <u>and</u> Wastewater Systems | |
|-----------------------------------|----------|-------------------------------------|----------|
| 0 - 50 Customers | \$238.00 | 0 – 50 Customers | \$301.00 |
| 51 – 250 Customers | \$282.00 | 51 – 250 Customers | \$344.00 |
| 251 – 500 Customers | \$313.00 | 251 – 500 Customers | \$376.00 |
| 501 – 1000 Customers | \$344.00 | 501 – 1000 Customers | \$440.00 |
| Over 1000 Customers | \$376.00 | Over 1000 Customers | \$499.00 |

Associate Membership (Business Only) \$396.00

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

| | | | |
|------------------------------|-------------------------------------|-------------------------------|---|
| 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: _____ | Email: _____ | Amount\$: _____ | |
| Signature: _____ | | | |

Thank you for your support!