

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, 2025)
Please circle the correct amount.

Water <u>or</u> Wastewater System		Water <u>and</u> Wastewater Systems	
0 - 50 Customers	\$227.00	0 – 50 Customers	\$287.00
51 – 250 Customers	\$269.00	51 – 250 Customers	\$328.00
251 – 500 Customers	\$298.00	251 – 500 Customers	\$358.00
501 – 1000 Customers	\$328.00	501 – 1000 Customers	\$419.00
Over 1000 Customers	\$358.00	Over 1000 Customers	\$475.00

Associate Membership (Business Only) \$377.00

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!