

## **New Mexico Rural Water Association**

8336 Washington Pl. NE - Albuquerque, NM 87113 | P: 800-819-9893 F: 505-884-1032

## **ASSOCIATE MEMBERSHIP Application / Renewal Form**

Water and Wastewater Systems please use the Regular / Individual Membership Form Please print clearly and complete all items

Any individual, firm, corporation, or organization adhering to the purposes of the Association and desiring to assist in the work of the Association may become an associate non-voting member and will receive its reports and publications.

Membership runs from January 1 through December 31.

MEMBER INFORMATION Company/Organization Name:				Member since:
Street Address:	City:	State:	7in	
Contact Name:				
Email:				
Phone: : Alt. Ph				
Description of Product or Service (10 words	or less)			
Please check as many of the categories below online NMRWA Associate Member Director Category Index, a quick reference tool for po	<b>y</b> (www.nmrwa.org/as	sociates.php). Your c	omp	any can have multiple listings in the
Aeration	☐ Disinfection, Cle	aning & Removal		Pipes & Fittings
☐ Arsenic Removal & Testing	Distribution			Process Control Data
☐ Automatic Flushing	☐ Filters/Filtration			Professional Services
☐ Cathodic Protection/Corrosion Control	Hydrants			Pumps
Chemicals	Instrumentation	/Monitoring Devices		Remediation
☐ Clamps	☐ Laboratory & Te	sting		Safety/Security
☐ Coatings & Linings	Leak Detection			Tanks
☐ Computers/Software/Technology	☐ Management Sy	stems		Treatment Plant Systems
☐ Controls/Controllers	☐ Meters & Meter	Reading		Valves
☐ Data Communications	Ozone Equipmen	nt & Instrumentation		Water & Wastewater Management
I have read the Bylaws of the New Mexico Rural V that our membership certificate shall be surrende Board. A written request from our organization to	red to the Board of Direc	tors of the NMRWA, wh	en ai	nd if due cause for such action is taken by the
Signature				Date
PAYMENT INFORMATION				
	Member Type	<u>Dues</u>		
	2020 Associate	\$406		
Billing Address (if different)		City		State Zip
Check # Make checks paya				
VISA MasterCard Discover Card #				o CVC #
	Cardholder Signature			