



New Mexico Rural Water Association

Providing the highest quality training and technical assistance to rural water and wastewater utilities throughout New Mexico, and representing the legislative and regulatory interests of our members

SYSTEM & INDIVIDUAL MEMBERSHIP Application / Renewal Form

(Companies and Agencies please use the Associate form)
Please print clearly and complete all items

Primary Contact Name _____

System / Organization _____ Number of Connections _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Please check your membership type:

| 2020 Member Type | | Dues |
|--------------------|-------------|------------|
| 1-99 | Connections | \$157.00 |
| 100-249 | Connections | \$219.00 |
| 250-499 | Connections | \$321.00 |
| 500-1000 | Connections | \$532.00 |
| 1001-1500 | Connections | \$735.00 |
| 1501-2000 | Connections | \$940.00 |
| 2001-2500 | Connections | \$1,144.00 |
| 2501+ | Connections | \$1,366.00 |
| Individual Members | | \$157.00 |

Check One

Voting members are water and sanitation districts, non-profit entities, Indian Tribes, Cooperatives, Mutual Domestics, rural municipalities, or regional water associations with populations of less than 50,000 engaged in the distribution of water or treatment of sewage for rural residents.

Non-voting members are private, for-profit utilities or utilities that fit the description above but serve more than 50,000 customers.

Any person adhering to the purposes of the Association and desiring to assist in the work of the Association may become an individual non-voting member.

Membership runs from January 1 through December 31

I have read the Bylaws of the New Mexico Rural Water Association and agree to abide by the rules and regulations of the Association. I understand that our membership certificate shall be surrendered to the Board of Directors of the NMRWA, when and if due cause for such action is taken by the Board. A written request from our system to the NMRWA Board to withdraw the certificate will be considered due cause.

Signature _____ Date _____

Check # _____

VISA__MasterCard__Discover__Card # _____ Exp. _____ 3-digit CVC # _____

Name on credit card _____ Cardholder's signature _____