



# New Mexico Rural Water Association

P.O. Box 92738 | Albuquerque, NM 87199 | P: 800-819-9893 F: 505-884-1032

## 2025 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: \_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

Phone: : \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Product or Service (10 words or less) \_\_\_\_\_

Please check as many of the categories below that apply to your company's products and/or services. This information is for the online **NMRWA Associate Member Directory** ([www.nmrwa.org/associates.php](http://www.nmrwa.org/associates.php)). Your company can have multiple listings in the **Category Index**, a quick reference tool for potential customers shopping for your product or service.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Aeration                              | <input type="checkbox"/> Disinfection, Cleaning & Removal   | <input type="checkbox"/> Pipes & Fittings              |
| <input type="checkbox"/> Arsenic Removal & Testing             | <input type="checkbox"/> Distribution                       | <input type="checkbox"/> Process Control Data          |
| <input type="checkbox"/> Automatic Flushing                    | <input type="checkbox"/> Filters/Filtration                 | <input type="checkbox"/> Professional Services         |
| <input type="checkbox"/> Cathodic Protection/Corrosion Control | <input type="checkbox"/> Hydrants                           | <input type="checkbox"/> Pumps                         |
| <input type="checkbox"/> Chemicals                             | <input type="checkbox"/> Instrumentation/Monitoring Devices | <input type="checkbox"/> Remediation                   |
| <input type="checkbox"/> Clamps                                | <input type="checkbox"/> Laboratory & Testing               | <input type="checkbox"/> Safety/Security               |
| <input type="checkbox"/> Coatings & Linings                    | <input type="checkbox"/> Leak Detection                     | <input type="checkbox"/> Tanks                         |
| <input type="checkbox"/> Computers/Software/Technology         | <input type="checkbox"/> Management Systems                 | <input type="checkbox"/> Treatment Plant Systems       |
| <input type="checkbox"/> Controls/Controllers                  | <input type="checkbox"/> Meters & Meter Reading             | <input type="checkbox"/> Valves                        |
| <input type="checkbox"/> Data Communications                   | <input type="checkbox"/> Ozone Equipment & Instrumentation  | <input type="checkbox"/> Water & Wastewater Management |

*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 organization to the NMRWA Board to withdraw the certificate will be considered due cause.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT INFORMATION

<u>Member Type</u>	<u>Dues</u>	<b>or credit card holders can call Ruth Cox, 505.933.0413</b>
2025 Associate	\$406	

Billing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Check # \_\_\_\_\_ Make checks payable to: **New Mexico Rural Water Association**

VISA \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC # \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_