

BECOME A MEMBER OF THE NY RURAL WATER ASSOCIATION

Complete this application and return with payment to:

New York Rural Water Association, PO Box 487, Claverack, NY 12513

Phone: 1-888-697-8725

Disclaimer: Dues are not deductible as a charitable contribution.

Please Print Neatly

Company/System Name: _____

Type of System: Water _____ Wastewater _____ Both _____ (Please check one)

**Public Water System ID# (Required) _____

**SPDES# (Required) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address (If different than mailing address): _____

County: _____ Phone: (_____) _____ Fax: _____

E-mail Address: _____ Website Address: _____

Contact Person For Water: _____ Title: _____

Contact Person For Wastewater: _____ Title: _____

Company Contact (Business Only): _____

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

Membership Rate Structure (effective January 1, 2012)

Please circle the correct amount.

Water <u>or</u> Wastewater System		Water <u>and</u> Wastewater Systems	
0 - 50 Customers	\$141.00	0 - 50 Customers	\$197.00
51 - 250 Customers	\$180.00	51 - 250 Customers	\$236.00
251 - 500 Customers	\$208.00	251 - 500 Customers	\$264.00
501 - 1000 Customers	\$236.00	501 - 1000 Customers	\$321.00
Over 1000 Customers	\$264.00	Over 1000 Customers	\$375.00

Associate Membership (**Business Only**) \$282.00

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

Thank you for your support!