

APPLICATION FOR MEMBERSHIP

Company Name: _____

(Please provide official name as legally organized)

Company Website: _____

Chairman / President / CEO (and title): _____

Point of Contact (POC) for ARWA: _____

POC Phone: _____

POC Fax: _____

POC Phone2: _____

POC Email: _____

Mailing Address:

Physical Address (of your headquarters):

Street: _____

Street: _____

Street2: _____

Street2: _____

City: _____

City: _____

State, Zip: _____

State, Zip: _____

Social Media Links:

Facebook: _____

Twitter: _____

YouTube: _____

Google+: _____

Other: _____

Other: _____

Membership Level Desired (check one):

Basic (\$500.00)	Silver (\$2500.00)	Gold (\$3500.00)	Platinum (\$4750.00)	Diamond (\$7500.00)
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Company Description for ARWA Website: _____

Signature: _____

Date: _____

Please make checks payable to ARWA. We appreciate your business!!!

*Payments are also accepted online
at www.alruralwater.com*