



2576 Bell Road Montgomery, AL 36117
(334) 396-5511 e-mail: arwa@alruralwater.com Fax: (334) 396-7090

Associate Advisor Qualifying Application

Name: _____

Company/ARWA Associate Member: _____

Employment Status: Full Time _____ Part Time _____

Position: _____ Number years in current position: _____

Telephone: _____ Cell: _____

Email Address: _____

My signature below indicates the information above is true and correct. My signature also verifies that I am interested in representing the ARWA Associate Members, speaking on their behalf to positively promote and suggest improvements related to the Associate Member participation of ARWA activities. I also fully understand that if elected, I am agreeable to accept the four (4) year term and that I have no voting privileges on behalf of the ARWA.

Signature

Witness Signature

Applicant Name, Please Print

Witness Name, Please Print

Note: The Qualifying Application must be received by the ARWA at least 30 days prior to the ARWA Associate Advisor Election scheduled for March 13, 2012 at the Renaissance Montgomery Hotel & Spa at the Convention Center at 9:00 a.m. in the Exhibit Hall. No proxy voting allowed.

2012 - 30 day deadline

February 13, 2012