



Rhode Island Water Works Association

*C/O Kingston Water District
P.O. Box 216
W. Kingston, RI 02892-0216
www.riwwa.net*

APPLICATION FOR MEMBERSHIP
2017

NAME: _____ TEL: _____

BUSINESS: _____ FAX: _____

ORGANIZATION: _____ E-mail _____

ADDRESS: _____

_____ ZIP: _____

TYPE: Renewal: ____ New Membership: ____

CATEGORY: Active: ____ Affiliate: ____ Retired: ____ NOTIFY ME BY: E-Mail: ____ Mail: ____

MEMBERSHIP INFORMATION: (Please provide a brief description of your employment or business position)

I hereby apply for (ACTIVE/ AFFILIATE/RETIRED) membership in the Rhode Island Water Works Association and if accepted agree to abide by the principles and objectives of RIWWA and all rules and regulations as long as the membership is in force.

SIGNATURE: _____ DATE: _____

ANNUAL FEES	
<i>ACTIVE MEMBERSHIP</i>	\$50.00
<small>(An individual who is employed by a water department, district, commission, or company, or by a government agency related to water supply, as per Article 3 of Bylaws)</small>	
<small>(Renewals will be billed at \$50.00)</small>	
Or	
<i>AFFILIATE MEMBERSHIP</i>	\$50.00
<small>(An individual who is employed as a representative of a person, firm, or corporation engaged in manufacturing, or furnishing materials, or supplies for the construction, or maintenance of water utilities, or an individual employed by an engineering company, or contracting company selling services to the water works industry, as per Article 3 of Bylaws)</small>	
<small>(Renewals will be billed at \$50.00)</small>	
TOTAL AMOUNT ENCLOSED	\$ _____

PLEASE MAKE CHECKS PAYABLE TO: **RHODE ISLAND WATER WORKS ASSOCIATION**

DO NOT WRITE BELOW THIS LINE / FOR ADMINISTRATIVE USE ONLY:

ACCEPTED FOR THE ASSOCIATION: _____

DATE ACCEPTED: _____

MEMBERSHIP #: _____

(Please send a copy of this application to the above address)