mwwa
massachusetts water works association

Name: _____

Title: _____

Address: _____

Employer: _____

Employer Address: _____

Preferred Mailing Address   ☐ Home   ☐ Work

Daytime Phone: _____

E-mail: _____

Recommended By: _____

If Applicable: Operator Certification Grade _____

Operator License Number: _____

Individual Membership:
☐ **$80—Active**   ☐ **$80—Affiliate**   ☐ **$35—Student**

By Laws Category Definition:
Section 2. An _Active_ member of this association shall be an individual who is employed by a water department, district, commission, or company, or any other individual whose duties include water supply, distribution or administration.

Section 3. An _Affiliate_ member of this association shall be 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, maintenance or operation of water works; an individual employed by an engineering company, firm or corporation or contracting company, firm or corporation selling services to the water works industry; an individual employed by a governmental regulatory agency; a self-employed individual in the water works industry or an individual employed by, or elected or appointed to, other governmental agencies or offices.

Utility Membership through the **Utility Advantage Program (UAP)**:

Name of Participating Utility: _____

☐ **$500—One Complimentary Membership**
One Complimentary Half Day Training Voucher

☐ **$1,000—Two Complimentary Memberships**
Two Complimentary Half Day Training Vouchers

☐ **$2,000— Four Complimentary Memberships**
Four Complimentary Half Day Training Vouchers

I am an affiliate member who wants to support MWWA's
advocacy and outreach initiative with the enclosed: $ _____

Signature _____

Please send back the completed application to adminmwwa@masswaterworks.org
Check should be made out to: **Mass Water Works Association - P.O. Box 1064 - Acton, MA 01720**