

MARITIME PROVINCES WATER AND WASTEWATER ASSOCIATION

MEMBERSHIP APPLICATION FORM 2018

First Name	Last Name		
Employer			
Employer's Address Street	Town	Province	Postal Code
Work Phone number	Work Fax Number	e-mail address	
()	()		
Individual Membership Dues:			
[] Individual Active \$57.22 plus app	icable HST (Water and waste	ewater operators)	
[] Individual Associate \$83.23 plus a	pplicable HST (Employee of	a professional organization involved i	n the industry)
[] Individual Commercial \$83.23 ph in the industry)	us applicable HST (Employee	e of an equipment manufacturer, sales of	or service company
[] Retired (Please confirm your addre	ess to maintain on our mailing	g list)	
Payment can be made by visa, master	card or cheque.		
Card Holder's Name			
Card Number	Exp	biry	
Signature			
RETURN COMPLETED FORM TO:	Box 28142 Dartmouth, NS B2W 6E2 Phone: (902) 434-8874 Fax : (902) 434-8859 e-mail: contact@mpwwa.		

Website: www.mpwwa.ca