

MARITIME PROVINCES WATER AND WASTEWATER ASSOCIATION

MEMBERSHIP APPLICATION FORM

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 \$58.36 plus appli	cable HST (Water and wast	ewater operators)	
[] Individual Associate \$84.89 plus ap	pplicable HST (Employee or	f a professional organization involved	in the industry)
[] Individual Commercial \$84.89 plus in the industry)	s applicable HST (Employe	e of an equipment manufacturer, sales	or service company
[] Retired (Please confirm your addres	s to maintain on our mailing	g list)	
Payment can be made by visa, master of	card or cheque.		
Card Holder's Name			
Card Number			
Signature			
RETURN COMPLETED FORM TO:	Clara Shea, Executive Se Box 28142 Dartmouth, NS B2W 6E2 Phone: (902) 434-8874 Fax : (902) 434-8859 e-mail: contact@mpwwa	2	
(MAKE CHEQUE OF	R MONEY ORDER PAYA	BLE TO: MPWWA - HST # 8545258	47)

Website: www.mpwwa.ca