

MARITIME PROVINCES WATER AND WASTEWATER ASSOCIATION

MEMBERSHIP APPLICATION FORM

First Name	irst Name Last Name		
Employer			
Employer's Address Street	Town	Province	Postal Code
Work Phone number	Work Fax Number	e-mail address	S
()	()		
Individual Membership Dues:			
[] Individual Active \$62.00 plus appliors) [] Individual Associate \$90.00 plus appliors	· ·	•	olved in the industry)
[] Individual Commercial \$90.00 plu in the industry)	s applicable HST (Employee	e of an equipment manufacturer,	sales or service company
[] Retired (Please confirm your address	s to maintain on our mailing	list)	
Payment can be made by visa, master of	card or cheque.		
Card Holder's Name			
Card Number	Expiry		
Signature			
RETURN COMPLETED FORM TO:	Clara Shea, Executive Sec Box 28142 Dartmouth, NS B2W 6E2 Phone: (902) 434-8874 Fax: (902) 434-8859	retary	

(MAKE CHEQUE OR MONEY ORDER PAYABLE TO: MPWWA - HST # 854525847)

e-mail: contact@mpwwa.ca

Website: www.mpwwa.ca