

MARITIME PROVINCES WATER AND WASTEWATER ASSOCIATION

MEMBERSHIP APPLICATION FORM

First Name	Last Name		
Facelore			
Employer			
Employer's Address Street	Town	Province	Postal Code
Work Phone number	Work Fax Number	e-mail address	
Individual Membership Dues:			
[] Individual Active \$82.69 plus appl	icable HST (Water and waste	ewater operators)	
[] Individual Associate \$110.25 plus	applicable HST (Employee o	of a professional organization invol	lved in the industry)
[] Individual Commercial \$110.25 p company in the industry)	lus applicable HST (Employe	ee of an equipment manufacturer, s	sales or service
[] 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	Ехр	iry	
Signature			
RETURN COMPLETED FORM TO:	Clara Shea, Executive Sec	eretary	
	Box 28142		
	Dartmouth, NS B2W 6E2 Phone: (902) 434-8874		
	Fax: (902) 434-8859		

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

e-mail: contact@mpwwa.ca

Website: www.mpwwa.ca