



Associate Membership Application

Associate Membership: Any individual or organization committed to the purposes of the Alliance and desiring to assist in the work of the Alliance. Associate members may not vote, hold office, be eligible for membership in another category or be affiliated with an entity eligible for membership in another category. (Please refer any questions to the Alliance bylaws found in the resource directory printed annually.)

Name of Organization: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

Email: _____

Type of Product / Service company offers: _____

All members are billed annually January 1. Members joining after March will pay pro-rated amount for the remainder of the year. Please follow the chart below to determine your membership rate.

PRO-RATED PAY CHART (by quarter)

Join in the 1st Quarter:	Jan. 1 - March 31	\$250
Join in the 2nd Quarter:	April 1 - June 30	\$200
Join in the 3rd Quarter:	July 1 - Sept 30	\$150
Join in the 4th Quarter:	Oct. 1 - Dec 31	\$100

Please mail payment & application to:
 Alliance of Indiana Rural Water
 P.O. Box 428
 Beech Grove, IN 46107

Total Enclosed: \$ _____