

Alliance of Indiana Rural Water

Special Membership Application

Special Membership: Any organization committed to the purpose of the Alliance and desiring to assist in the work of the Alliance, with their main source of revenue coming from either the State or Federal Government, including but not limited to: IDEM, RCAP, State DNR facilities, etc.

Contact Person: _____ Title: _____

Name of Organization: _____

Address: _____

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

Phone: _____ Fax: _____

Email: _____

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

PRO-RATED PAY CHART (by quarter)	
1st Quarter: Jan 1 - March 31	\$50.00
2nd Quarter: April 1 - June 30	\$37.50
3rd Quarter: July 1 - Sept 30	\$25.00
4th Quarter: Oct 1 - Dec 31	\$12.50

Please mail payment & application to:

Total Enclosed: \$ _____

Alliance of Indiana Rural Water
P.O. Box 428
Beech Grove, IN 46107