



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 send payment & application to:
 Alliance of Indiana Rural Water
 P.O. Box 789
 Franklin, IN 46131

OR
 Fax: 317-736-6676 Email: alliance@inh2o.org

Enclosed is my check # _____ Total Enclosed: \$ _____
 Please charge my credit card
 Visa MC Card # _____ Expiration date _____
 Name on card _____ Billing Zip _____
 Signature _____