



Alliance of Indiana Rural Water

Retired Membership Application

Retired Membership: Any persons retired from a water or wastewater system described in sections (a) and (b) in the By-laws who wants to continue their education. (please refer any questions to the Alliance bylaws found in the resource directory printed annually.)

Contact Person: _____ Title: _____

Address: _____

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

Phone: _____ Fax: _____

Email: _____

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	\$10
Join in the 2nd Quarter:	April 1 - June 30	\$7.50
Join in the 3rd Quarter:	July 1 - Sept 30	\$5
Join in the 4th Quarter:	Oct. 1 - Dec 31	\$2.50

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 _____