



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 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	\$50
Join in the 2nd Quarter:	April 1 - June 30	\$37.50
Join in the 3rd Quarter:	July 1 - Sept 30	\$25
Join in the 4th Quarter:	Oct. 1 - Dec 31	\$12.50

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 _____