



# 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	\$275
Join in the 2nd Quarter:	April 1 - June 30	\$220
Join in the 3rd Quarter:	July 1 - Sept 30	\$165
Join in the 4th Quarter:	Oct. 1 - Dec 31	\$110

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](mailto: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 \_\_\_\_\_ CVV \_\_\_\_\_