



# Alliance of Indiana Rural Water

## Individual Membership Application

**Individual Membership:** Any person who desires to be added to the mail list of the Alliance for advanced notification of water and/or wastewater training sessions. Individual members may not vote or hold office. (please refer any questions to the Alliance bylaws found in the resource directory printed annually.)

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	\$55
Join in the 2nd Quarter:	April 1 - June 30	\$41.25
Join in the 3rd Quarter:	July 1 - Sept 30	\$27.50
Join in the 4th Quarter:	Oct. 1 - Dec 31	\$13.75

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 \_\_\_\_\_