



# 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	\$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 \_\_\_\_\_