

MINNESOTA WATER WELL ASSOCIATION

NAME: _____
 COMPANY: _____
 ADDRESS: _____

 CITY, STATE, ZIP: _____
 EMAIL ADDRESS: _____
 PHONE: _____
 FAX: _____
 WEB: _____

Please select correct category:

	Dues	Leg.	Total
Contractor.....	\$300	+\$75	= \$375
Limited License.....	\$165	+\$75	= \$240
Manufacturer, Supplier & Allied Services	\$235	+\$75	= \$310
Individual.....	\$110	+ \$75	= \$185

ADDITIONAL \$75 will be added to all dues levels for 2019 and be deposited directly into the legislative fund to help support the association's efforts at the State Capital.

Benefits of Membership:

Reduced rates at all MWWA events -- Access to yearly insurance dividend monies -- Bi-monthly industry Newsletters -- Access to program that can save your company \$\$\$ -- Representation at the State Capital & Much MORE!!!!

 Check is enclosed. \$ _____ **Total**
 Please charge my VISA or MasterCard.

Card #: _____
 Exp Date: _____ Security number (on back of card): _____

Signature: _____

(If different than above)

Billing Address: _____
 Billing City: _____
 Billing State: _____
 Billing Zip: _____

!! If filling this out for an Associate Member, please attach this to and or include with the other membership for the company. Thank you. !!

Please return this statement with your Membership Dues to:
MWWA 601 Dempsey Rd., Westerville, OH 43081
Phone: 800 322.2104 Web: www.mwwa.org Fax: 614 898.7786

(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	

