



2018 ASSOCIATE MEMBER Membership Application (Out-of-State Municipal)

Designated Representative _____ Date _____

Title _____ City _____

Mailing Address _____

City/State/Zip _____ Cell _____

Phone _____ Email _____

Fax _____ Web Site Address _____

Alternate Representative _____ Title _____

If you include a web site address above, we will create a link to your site on the Alliance website (www.mpua.org).

How would you like to receive your issue of the *Alliance Advantage* magazine?

By Email:

Additional emails for electronic subscriptions:

By Mail (to address above)

Additional names for mail subscriptions:

Would you like to be added to one of our e-mail Listservs?

General Listserv no yes email address to use: _____

Water/Wastewater Listserv no yes email address to use: _____

Broadband Listserv no yes email address to use: _____

Renewable Energy Listserv no yes email address to use: _____

Membership Dues for 2018 - \$430.00