

INDIVIDUAL MEMBERSHIP

DUES*

\$50/year

BENEFITS

- ◆ Training flyers and other DRWA publications emailed directly to you.
- ◆ Training Reports, upon request, which summarize credit hours earned for attending DRWA training sessions.
- ◆ Notification of changes in State and Federal regulations and pending legislation
- ◆ News from National Rural Water Association

Stay informed about what's happening in the water and wastewater industry.

Join Delaware Rural Water Association today!

**Dues are not deductible as a charitable expense but may be deductible as a business expense. Consult your accountant for more information.*



**Delaware Rural Water
Association**

210 Vickers Drive
Milford, DE 19963

Phone: 302-424-DRWA (3792)

Fax: 302-424-3790

Email: delawareruralwater@yahoo.com

Website: www.drwa.org

**Delaware Rural Water
Association**



► **Individual
Membership
Application**

INDIVIDUAL MEMBERSHIP APPLICATION

JOIN THE DELAWARE RURAL WATER TEAM TODAY!

Delaware Rural Water Association (DRWA) is an affiliate of the National Rural Water Association whose headquarters is in Duncan, Oklahoma. Our programs are funded through Federal and State funds and membership.

DRWA is a membership oriented association which is a non-profit corporation governed by a Board of Directors from rural water systems in Delaware. With increased regulations and fewer funding sources, it becomes more critical that our systems be actively involved in the legislative process. Be involved in rural water!

We do not sell any products or promote one product over another. We provide unbiased help to small rural water and wastewater systems regarding products and the suppliers that provide those products.

CONTACT PERSON NAME:

COMPANY NAME:

MAILING ADDRESS:

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

Do You Have a Delaware:

___Water Operator License? License # _____ Renews on: _____

___Wastewater Operator License? License # _____ Renews on: _____

\$50.00 PER YEAR

Credit Card Payments

Circle One:

VISA

MasterCard

Card # _____

Exp. Date: _____ SVC _____

Card Billing Zip Code _____

Return application with payment to:

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