**SYSTEMS MEMBERSHIP**

**DUES**

Total Service Connections

- 0-500 .................. $300.00
- 501-3,300 ............. $350.00
- 3,301-5,000 .......... $450.00
- 5,001-10,000 ........ $500.00
- 10,001-25,000 ...... $550.00
- 25,000 & Up .......... $650.00

**BENEFITS**

- Evaluations of water and wastewater system capabilities
- On-site, hands-on technical assistance
- Portable water meter testing
- Portable water analysis capabilities
- Water rate study
- Updates on regulations
- Training Materials:
  - Visual aids
  - Training guides
  - Technical Bulletins
- Quality-On-Tap promotions
- Access to NRWA Resource Library
- Equipment loan:
  - Turbidity meter
  - Flow test equipment
  - Portable lab
  - Sludge judge
  - ISCO Sampler 3710
  - Wastewater analysis kit
- Laboratory training
- Safety training and more

**OTHER SERVICES:**

- Leak Detection
- Pipe & Valve Locating
- Smoke Testing

**ON-SITE TRAINING UNIT AVAILABLE ON REQUEST**

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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 (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.

JOIN THE DELAWARE RURAL WATER TEAM TODAY!

SYSTEMS MEMBERSHIP APPLICATION

CONTACT PERSON NAME: 

______________________________________________________________

COMPANY NAME: 

______________________________________________________________

MAILING ADDRESS: 

______________________________________________________________

CITY:________________________________________________________

STATE:_________________________ZIP:___________________________

PHONE:_________________________FAX:_________________________

EMAIL:__________________________

WEBSITE:____________________________________________________

NUMBER OF
Service Connections:______
Operators:_______________

Credit Card Payments
Circle One:
VISA     MasterCard
Card #______________________________________________
Exp. Date:_____________ SVC ______________
Card Billing Zip Code_____________________________________

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Return application with payment to: