

# MINNESOTA WATER WELL ASSOCIATION

NAME:  
COMPANY:  
ADDRESS:

CITY, STATE, ZIP: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
WEB: \_\_\_\_\_

Please select correct category:

	Dues	Leg.	Total
Contractor.....	\$273	+\$40	= \$313
Limited License.....	\$142	+\$40	= \$182
Manufacturer, Supplier & Allied Services .....	\$210	+\$40	= \$250
Individual.....	\$90	+ \$40	= \$130

ADDITIONAL \$40 will be added to all dues levels for 2015 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!!!!

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 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: \_\_\_\_\_

**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	