



SYSTEM MEMBERSHIP APPLICATION

Phone: 336-731-6963

www.ncrwa.org/ncrwamembership

The North Carolina Rural Water Association is a non-profit organization serving water and wastewater systems in North Carolina. Your membership dues help to improve the quality of utility services for rural North Carolina, while protecting our natural resources.

Please check the following:

Full Membership:

- ☐ Municipality
- ☐ Non-Profit Rural Water Corporation
- ☐ Sanitary District
- ☐ County Water System

Full Member Dues Schedule:

Number of Connections	Annual Dues
100 or less	\$190
101 - 500	\$320
501 - 700	\$415
701 - 1,000	\$480
1,001 - 2,000	\$525
2,001 - 3,000	\$710
3,001 - 4,000	\$790
4,001 - 5,000	\$860
5,001 - 10,000	\$1,055
10,001 - 20,000	\$1,220
20,001 - 50,000	\$1,405
50,001 - 100,000	\$5,235
100,001 or more	\$5,585

Associate Membership:

- ☐ Private Utility Systems

Private Utility System Member Dues Schedule:

Number of Connections	Annual Dues
100 or less	\$190
101 - 500	\$320
501 - 700	\$415
701 - 1,000	\$480
1,001 - 50,000	\$525
50,001 or more	\$3,975

Mail to:

NCRWA, PO Box 540, Welcome, NC 27374

Fax to:

336-731-8589

Email to:

join@ncrwa.org

Payment must accompany application in order to be processed.

Name of Organization _____

Owner of System _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

County _____

Emergency Response Information:

Physical Address _____

City _____ State _____ Zip _____

PWSID _____

ORC Name _____ ORC Cell Phone _____

Number of Connections Served: _____

(Districts should list total number of connections served for all systems operated or owned)

Population Served: _____

Number of certified water and wastewater operators: _____

Water/Wastewater Treatment Plant Contact Information:

Name _____

City _____ State _____ Zip _____

Telephone _____

Email _____

PAYMENT INFORMATION

☐ Enclosed is a check in the amount of: \$ _____

☐ Credit Card Payment (select one): ☐ Visa ☐ Master Card

☐ Discover

Name as it Appears on Card _____

Billing Address _____

Card Number _____

Exp. Date _____ 3 Digit Verification Code _____

I authorize NCRWA to charge the credit card above.

Authorized Signature