



# SYSTEM MEMBERSHIP APPLICATION

Phone: 336-731-6963

[www.ncrwa.org/ncrwamembership](http://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	\$180
101 - 500	\$310
501 - 700	\$395
701 - 1,000	\$460
1,001 - 2,000	\$505
2,001 - 3,000	\$680
3,001 - 4,000	\$760
4,001 - 5,000	\$830
5,001 - 10,000	\$1,015
10,001 - 20,000	\$1,170
20,001 - 50,000	\$1,350
50,001 - 100,000	\$5,030
100,001 or more	\$5,370

### Associate Membership:

- Private Utility Systems

#### Private Utility System Member Dues Schedule:

Number of Connections	Annual Dues
100 or less	\$180
101 - 500	\$310
501 - 700	\$395
701 - 1,000	\$460
1,001 or more	\$505

#### Mail to:

NCRWA, PO Box 540, Welcome, NC 27374

#### Fax to:

336-731-8589

#### Email to:

[join@ncrwa.org](mailto: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: \_\_\_\_\_

RD/USDA Funded:  Water  Sewer

### PAYMENT INFORMATION

- Enclosed is a check in the amount of: \$ \_\_\_\_\_
- Credit Card Payment (select one):  Visa  Master Card  Discover  American Express

Name as it Appears on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 or 4 Digit Verification Code \_\_\_\_\_

I authorize NCRWA to charge \$ \_\_\_\_\_ to the credit card above.

Authorized Signature \_\_\_\_\_