



LOUISIANA RURAL WATER ASSOCIATION

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Kinder, LA 70648
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Received:
Posted:
Deposited:
Check #

Membership Application

Name of System or Company: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Parish/County: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail address: _____

Person to Receive Mail: _____ Position: _____

Dues are payable at the time application is submitted. Membership dues will not become due again until the following year of the month in which you joined. These dues are not tax deductible. Please fill out this application and return it with your payment to LRWA (see address above).

MEMBERSHIP - \$200.00 ANNUALLY

Water/Wastewater and Private facilities fall under this category.

PWS ID #: _____

Number of Meters/Connections: _____

Population Served: _____

Decision Maker: _____

Manager: _____

Office Secretary/Town Clerk: _____

Water Operator: _____

Wastewater Operator: _____

Are you governed by a police jury or municipality? _____

Are you USDA funded? _____

Are you owned by an individual or corporation? _____

LRWA MEMBERSHIP SERVICES

- ◆ Free on-site Technical Assistance visits and training
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- ◆ Free access to equipment
- ◆ Free listing of Associate & Active Members (upon request)
- ◆ Free mail-outs regarding upcoming training sessions, conference, other important information, etc.
- ◆ Informative manuals on water & wastewater topics
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- ◆ Discount fees for members (advertising, conference, certification class)

INDIVIDUAL MEMBERSHIP - \$25.00 ANNUALLY

An employee of a current LRWA member water/wastewater system or Associate Member falls under this category.

System Name: _____

Employee's Name: _____

Title: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

ASSOCIATE MEMBERSHIP - \$250.00 ANNUALLY

Any person, firm, corporation or organization adhering to the purpose of the association and desiring to assist in the work of the association falls under this category.

Service/Products: _____

Contact Person: _____

Title: _____