



MsRWA

MISSISSIPPI RURAL WATER ASSOCIATION

MsRWA Individual Membership Application

Date: _____

Name of Individual: _____

E-Mail: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: (____) _____

Cell: (____) _____

Water/Wastewater Certification # : _____

Expiration: _____

Employer(If Applicable/Retired): _____

Amount of Annual Individual Non-Voting Membership Dues: \$75.00

Individual Membership: Any person adhering to the purpose of the association may become an individual member.

Dues are payable at the time application is submitted. Membership dues will be due annually on the first of the month in which you joined.

Please fill out the application above and return with your check to:

Mississippi Rural Water Association
172 Country Place Parkway
Pearl, MS 39208

MsRWA Office Use Only:

Received: _____
Check#: _____
Dated: _____
Computer: _____
Certificate: _____