

MARITIME PROVINCES WATER AND WASTEWATER ASSOCIATION

MEMBERSHIP APPLICATION FORM

First Name	ame Last Name		
Employer			
Employer's Address Street	Town	Province	Postal Code
Work Phone number	Work Fax Number	e-mail address	3
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Individual Membership Dues:			
ors) [] Individual Associate \$105.00 plus a [] Individual Commercial \$105.00 pl pany in the industry) [] Retired (Please confirm your address	us applicable HST (Employ	ee of an equipment manufacturer,	
Payment can be made by visa, master	card or cheque.		
Card Holder's Name	-		
Card Number	Ехӷ	piry	
Signature			
RETURN COMPLETED FORM TO:	Clara Shea, Executive Sec Box 28142 Dartmouth, NS B2W 6E2 Phone: (902) 434-8874 Fax: (902) 434-8859 e-mail: contact@mpwwa.		

(MAKE CHEQUE OR MONEY ORDER PAYABLE TO: MPWWA - HST # 854525847)

Website: www.mpwwa.ca