A			
		2023-2024	
RIVER IN THE REPORT OF THE REP	REMBE	RSHIP APPLICATION	0
	00 members can't be wrong! Joir	in them and be a part of IRWA today!	
	Please mail your payr Illinois Rural Wate PO Box Taylorville, Il	er Association x 49	
All c	lues except Voting may alternativ under the membershi		
Name:			
Address:			
City:	State:	Zip:	
County:	Phone:	Fax:	
E-mail:	W	Vebsite:	
Name of Contact Pe	rson: (all mailings will be sent to t	this person):	
(If joining as a Voti	ng member only please list the	e following):	
Number of Water Co	onnections: Numbe	er of Wastewater Connections:	
Name of Water Syst	ems Operations Specialist:		
Name of Wastewate	r Systems Operations Specialist:	:	
	Please Circle the Type of Me	ember you are joining as:	
Water Connections	5.00 base rate + .06 per connecti BASE RATE = \$ 285.00 x .06 = \$ tionsx.06 = \$ AMOUNT OF DUES: \$	0	
Pro-rated dues fo	r May 2024—June 2024		
Supporting—\$89.83			
Associate—\$57.83			
Secondary Associate	e—\$12.83		
S.O.U.P.—\$8.33			