

2023-2024

MEMBERSHIP APPLICATION

Over 1,000 members can't be wrong! Join them and be a part of IRWA today!

Please mail your payment for dues to: Illinois Rural Water Association PO Box 49 Taylorville, IL 62568

All dues except Voting may alternatively pay on-line at www.ilrwa.org under the membership/Join IRWA link

Name:					
Address:					
City:	State	:	Zip:		
County:	Phone:			Fax:	
E-mail:		\	Nebsite:		
Name of Contact Person: (all r	mailings will	be sent to	this person	n):	
(If joining as a Voting memb	er only plea	se list th	e followinç	g):	
Number of Water Connections	s:	Numb	er of Waste	ewater Connections:	
Name of Water Systems Oper	ations Speci	alist:			
Name of Wastewater Systems	Operations	Specialist	::		
Please	Circle the T	ype of M	ember you	ı are joining as:	
Voting dues are \$285.00 base BASI Water Connections Wastewater Connections TOTAL AMOUNT	E RATE = .	\$ 285.0	0		
Supporting—\$539.00					
Associate—\$347.00					
Secondary Associate—\$77.00)				
S.O.U.P.—\$50.00					