



## Associate Membership

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

### EMERGENCY CONTACT

**NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

### ALTERNATIVE CONTACT

**NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

### ALTERNATIVE CONTACT

**NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

(Please return this form with payment)

### Associate Membership Cost

Annual Dues \$300.00

### Make checks payable to:

Eastern Water and Wastewater Network (EWWN)

108 Lake Rd.

Hertford, NC 27944