



**MWRA Membership Application
2012-2013 Membership**

Name: _____

Department: _____ Title: _____

Organization: _____

Address Street: _____

Address City: _____ State _____ Zip _____

Email: _____

Telephone: _____ Area Code _____

FAX _____

Committee Preferences: _____ No Committee at this time: _____

Federal Affairs: _____ State Affairs: _____

Public Relations & Communication: _____ Membership: _____

Please FAX to 601-292-7227 Invoice will be sent – no cover sheet required

Dues: (circle one)

Ports, Levee Boards and Water management Districts \$500

Boards of Supervisors, Municipalities, Commissions \$250

Individual Membership and Private Businesses \$150

OR

Mail to MWRA Post Office Box 4200 Jackson, MS 39296

Telephone 888-269-6972 – www.mswater.org – insightltd@msn.com