

## **MWRA Membership Application**

\*Required Information

*Name:	
Department:	Title:
*Organization:	
*Address Street:	
*City:*Si	tate*Zip
*Email:	
*Telephone ()	
*Fax ()	
Committee Preferences:	No Committee at this time:
Federal Affairs:	State Affairs:
Public Relations& Communication:	Membership:
Please FAX to 601-292-7227 Invoi	ce will be sent – no cover sheet required

## **Dues: (circle one)**

Ports, Levee Boards and Water management Districts \$600 Boards of Supervisors, Municipalities, Commissions \$350 Individual Membership and Private Businesses \$250

## OR

Mail to MWRA Post Office Box 4200 Jackson, MS 39296 Telephone 601-214-1649 – <u>www.mswater.org</u> –insightltd@msn.com

## FOR IMMEDIATE CONFIRMATION AND RENEWAL

Credit Card Payments Only

Renew Online at <a href="www.mswater.org">www.mswater.org</a>
Click the "Member Login" tab at the top of the page.