



2024 Annual Membership Application Form (July 1, 2024 - June 30, 2025)

System/Company Name: _____

PWSID #: _____ Discharge Permit #: _____

Physical Address: _____

City/Town: _____ ST: _____ Zip: _____

Billing/Mailing Address: _____

City/Town: _____ ST: _____ Zip: _____

Billing Contact & Email Address: _____

Office Phone: _____ Alt Phone: _____ Fax: _____

Primary Contact: _____ Position: _____

Mobile Phone: _____ Email Address: _____

Secondary Contact: _____ Position: _____

Mobile Phone: _____ Email Address: _____

of Connections: _____ Population Served: _____

Membership Categories & Pricing

<u>Type</u>	<u>System Size (# of Connections)</u>	<u>Fee</u>
System (Voting): Public water systems and publicly-owned wastewater systems	0 – 170	\$ 300
	171 – 1,400	\$ 350
	1,401 – 3,300	\$450
	3,301 +	\$550
	For Combined Water & Wastewater systems/utilities	ADD \$75
	Transient Non-Community Water Systems	\$75
Individual*: Any individual interested in supporting MassRWA		\$50

* Not subject to membership benefits unless your system/company also joins as a Voting/Associate Member
 * All Individual Members will receive a Certificate of Membership, granting them 0.5 TCHs.
 * Not eligible for any other Membership categories

TOTAL: _____

Please make checks payable to MassRWA

781 Millers Falls Road, Northfield MA 01360

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