



2026 Individual Membership Application Form

(January 1, 2026 – December 31, 2026)

Individual Name: _____

Position: _____

Mobile Phone: _____ Email Address: _____

System/Company Name: _____

PWSID #: _____ Discharge Permit #: _____

Physical Address: _____

City/Town: _____ ST: _____ Zip: _____

Billing/Mailing Address: _____

City/Town: _____ ST: _____ Zip: _____

Membership Categories & Pricing

Type

Fee

Individual*: Any individual interested in supporting MassRWA

\$50

Please Note:

** Not subject to membership benefits unless your system/ company also joins as a Voting/ System or Associate Member*

** All Individual Members will receive a Certificate of Membership, granting them 1.0 TCHs.*

** Not eligible for any other Membership categories (for example, Individual Members do not receive a discount on Annual Trifecta registration fees)*

TOTAL: _____

Please make checks payable to MassRWA