



Associate Membership

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP: _____

PHONE #: _____ **FAX:** _____

EMERGENCY CONTACT

TITLE: _____ **PHONE #** _____

EMAIL: _____

ALTERNATIVE CONTACT

TITLE: _____ **PHONE #** _____

EMAIL: _____

ALTERNATIVE CONTACT

TITLE: _____ **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