



Membership

SYSTEM 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)

Membership Cost

Annual Dues \$200.00

Make checks payable to:

Eastern Water and Wastewater Network (EWWN)

108 Lake Rd.

Hertford, NC 27944