

# NM WATER & WASTEWATER ASSOCIATION

P.O. Box 819  
Espanola, NM 87532

Phone: (505) 753-8840  
Fax: (505) 753-9810  
[www.nmwwa.org](http://www.nmwwa.org)

## MEMBERSHIP APPLICATION

_____ <b>ACTIVE MEMBER*</b>	<b>\$55 State &amp; Section Dues</b>
_____ <b>ASSOCIATE MEMBER*</b>	<b>\$50 State Dues Only</b>
_____ <b>CORPORATE MEMBER*</b> <b>(2 or more members)</b>	<b>\$53 State &amp; Section Dues</b> <b>(each member)</b>
_____ <b>STUDENT MEMBER*</b>	<b>\$45 State &amp; Section Dues</b>

**Payment must  
accompany this form  
after submitting.  
Visit [nmwwa.org](http://nmwwa.org)  
([membership tab](#))**

**\*ACTIVE MEMBERSHIP:** is open to anyone with a personal or professional interest in the purpose of the Association. Each active member must be a member of a regional section.

**\*ASSOCIATE MEMBERSHIP:** is open to persons who are interested in the stated purpose of the Association, and who are not able to actively participate in the Section or State Association activities due to remote location or other factors. Associate members are not required to hold membership in a Section. Associate members do not have voting privileges.

**\*CORPORATE MEMBERSHIP:** is open to any corporation or incorporated municipality employing two or more individuals in the design, construction, operation, maintenance, or management of water and wastewater facilities, or in a training for such occupations. Corporate members have the same privileges as Active members. Corporate members are required to hold membership in a Section.

**\*STUDENT MEMBERSHIP:** is open to persons enrolled in college level courses for the equivalent of six (6) or more semester hours while pursuing a course of study pertinent to the water & wastewater field. Student members are required to hold membership in a Section.

NAME: \_\_\_\_\_ Operator ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(WORK) \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PERSONAL E-MAIL: \_\_\_\_\_ NMWWA SECTION: \_\_\_\_\_

ARE YOU A NEW MEMBER? Y \_\_\_ N \_\_\_ IS THIS A NEW ADDRESS? Y \_\_\_ N \_\_\_

LEVEL OF CERTIFICATION: WATER \_\_\_\_\_ WASTEWATER \_\_\_\_\_

Mail form & check to: **NM Water & Wastewater Association**  
**P.O. Box 819**  
**Espanola, NM 87532**