



Georgia Rural Water Association

P.O. Box 383 Barnesville GA 30204 Phone: 770-358-0221 / Fax: 770-358-4379
E-Mail: grwa1@grwa.org / Website: GRWA.ORG

Associate Membership Application

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company Website: _____

Primary Contact Person: _____ Title: _____

Primary Contact E-Mail: _____

Primary Contact Phone: _____

List Additional Representative(s) from Your Company to Receive GRWA Mailings / Notifications

Name: _____ Title: _____ E-Mail: _____

Mailing Address: _____ h : _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____ E-Mail: _____

Mailing Address: _____ h : _____

City: _____ State: _____ Zip: _____

To Add Additional Company Representatives Please E-Mail A Request to: grwa1@grwa.org

List Products / Services That Your Company Provides: _____

Annual Associate Membership Dues \$350.00 (Includes All Company Employees)

Make Check Payable to:
Georgia Rural Water Association
P.O. Box 383
Barnesville, GA 30204
Federal Tax ID #: 58-1373517

Credit Card: ___ Visa ___ Mastercard ___ American Express ___ Discover

Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Thank You for Your Support