



LOUISIANA RURAL WATER ASSOCIATION

P O Box 180
Kinder, LA 70648
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Received:
Posted:
Deposited:
Check #

Membership Application

Name of System or Company: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Parish/County: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail address: _____

Person to Receive Mail: _____ Position: _____

Dues are payable at the time application is submitted. Membership fees will be due January 31; invoices are mailed out in December. These dues are not tax deductible. Please fill out this application and return it with your payment to LRWA (see address above).

WATER/WASTEWATER SYSTEM OR MUNICIPALITY MEMBERSHIP - \$300.00 ANNUALLY (Jan-Dec)

If you are paying in a month other than January multiply the number of months left in the year by \$25

(example: paying for May-Dec (8 months) would be \$25 x 8 months = \$200)

Water/Wastewater and Private Facilities fall under this category.

PWS ID #: _____

Number of Meters/Connections: _____

Population Served: _____

Decision Maker: _____

Manager: _____

Office Secretary/Town Clerk: _____

Water Operator: _____

Wastewater Operator: _____

Are you governed by a police jury or municipality? _____

Are you USDA funded? _____

Are you owned by an individual or corporation? _____

INDIVIDUAL MEMBERSHIP - \$50.00 ANNUALLY (Jan-Dec)

If you are paying in a month other than January multiply the number of months left in the year by \$4.17

(example: paying for May-Dec (8 months) would be \$4.17 x 8 months = \$33.36)

An employee of a current LRWA member water/wastewater system or Associate Member falls under this category.

System Name: _____

Employee's Name: _____

Title: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Email: _____

ADVERTISING PAYMENT METHODS

Check: Payable to La Rural Water Association;

Mail to: LRWA, PO Box 180; Kinder, LA 70648

Credit Card: (4% convenience fee) Visa MasterCard Am. Express Discover

Card Number: _____ Expiration Date: _____

Phone #: _____ Email address for receipt: _____

Signature: _____