



# LOUISIANA RURAL WATER ASSOCIATION

P O Box 180  
Kinder, LA 70648

800-256-2591  
337-738-2896  
337-738-5620 (fax)

[lrwa@lrwa.org](mailto:lrwa@lrwa.org) (email)  
[lrwa.org](http://lrwa.org) (website)

Received:
Posted:
Member #:
Deposited:
Check #

## Membership Application for (water/wastewater system or municipality or individual)

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 #: \_\_\_\_\_ Water Operator: \_\_\_\_\_

Number of Meters/Connections: \_\_\_\_\_ Wastewater Operator: \_\_\_\_\_

Population Served: \_\_\_\_\_ Decision Maker: \_\_\_\_\_

Are you USDA funded? \_\_\_\_\_ Manager: \_\_\_\_\_

Are you governed by police jury or municipality? \_\_\_\_\_ Office Secretary/Town Clerk: \_\_\_\_\_

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: \_\_\_\_\_ City: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

### MEMBERSHIP PAYMENT METHODS

**Check:** Payable to La Rural Water Association    **Mail to:** LRWA, PO Box 180; Kinder, LA 70648    **Email:** [lrwa@lrwa.org](mailto:lrwa@lrwa.org)

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone # \_\_\_\_\_ Signature: \_\_\_\_\_

Email address for receipt: \_\_\_\_\_