



Plymouth County Water Works Association Application for New Membership

To apply for membership please fill out the form below, print a copy and mail with a twenty-five dollar (\$25.00) application fee*. Please make check payable to Plymouth County Water Works Association and mail to:

PCWWA/Membership
Kathy O'Neil
Town of Halifax
500 Plymouth Street
Halifax, MA 02338

Date: _____

Your Name: _____ Date of Birth: _____

Employer's Name: _____

Title: _____

Address: _____ City / Town: _____

Zip: _____ Address location: Home Office (PLEASE CHECK ONE)

Phone: Business: _____ Home: _____

Fax: _____

E-mail: _____ Web Page: _____

Email addresses are very important to us. We send all of our training information as well as other important information only by email. Please provide us with your individual work email address or a personal email address. PCWWA only uses these addresses for our organizational use.

Sponsored by: _____

Sponsors signature: _____

BE SURE TO PRINT OR SAVE A COPY OF THIS FORM

DO NOT WRITE BELOW

Date: _____ Action: Accepted Declined

PCWWA Signature: _____ Title: _____

(* The application fee **does not** include dues. You will be billed for your dues after your application is accepted and voted)