

# South Dakota Association of Rural Water Systems

## Associate Membership Application

2018/2019 MEMBERSHIP RATE \$425

NEW

RENEWAL

### COMPANY INFORMATION Use this address for listing in the membership directory

Company: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

### MAILING ADDRESS Same as physical address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BILLING CONTACT Same as primary contact

Billing Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Phone: \_\_\_\_\_ Billing Contact Email: \_\_\_\_\_

### ADDITIONAL CONTACTS Add additional contacts to receive email announcements and publications from SDARWS

Associate Membership with SDARWS allows for up to 5 subscriptions to ServiceLine magazine, and unlimited subscriptions to our email publications. If you have more than 5 individuals who would like our email publications, please list them on the back of this form. Can leave address line blank if same as company mailing address.

Name 1: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name 2: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name 3: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name 4: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name 5: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SDARWS Membership dues are \$425 and must be paid IN FULL before your company can participate in any of our events, sponsorships, or publications. Memberships are sold per company, not individually. Membership only applies to the company listed on this form - not to additional businesses affiliated with your company. Membership dues are non-refundable.**

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return completed form with payment to: SDARWS · PO Box 287 · Madison, SD 57042 OR  
email completed forms to: [info@sdarws.com](mailto:info@sdarws.com). Credit Card payments can be processed over the phone by calling 605-556-7219

**ADDITIONAL CONTACTS** *Add additional contacts to receive email announcements and digital publications from SDARWS*

Name 6: \_\_\_\_\_ Email: \_\_\_\_\_

Name 7: \_\_\_\_\_ Email: \_\_\_\_\_

Name 8: \_\_\_\_\_ Email: \_\_\_\_\_

Name 9: \_\_\_\_\_ Email: \_\_\_\_\_

Name 10: \_\_\_\_\_ Email: \_\_\_\_\_

Name 11: \_\_\_\_\_ Email: \_\_\_\_\_

Name 12: \_\_\_\_\_ Email: \_\_\_\_\_

Name 13: \_\_\_\_\_ Email: \_\_\_\_\_

Name 14: \_\_\_\_\_ Email: \_\_\_\_\_

Name 15: \_\_\_\_\_ Email: \_\_\_\_\_