

California Municipal Utilities Association

915 L Street, Suite 1460 • Sacramento CA 95814 • 916/326-5800 • 916/326-5810 fax • www.cmua.org

APPLICATION FOR INDIVIDUAL ASSOCIATE MEMBERSHIP

The undersigned hereby submits application for **INDIVIDUAL ASSOCIATE MEMBERSHIP** with the **California Municipal Utilities Association**, agrees to abide by the terms and provisions of the *Articles of Incorporation* and *Bylaws* of the Association, and, upon acceptance as a member, shall be entitled to the services of the Association as therein provided.

Individual Associate Membership

- \$800 Annually
- Individual is Association Member

Name

Title

Organization Name

Website Address

Name & Title of Organization's Manager

Email

Street Address

Mailing Address (if different from street address)

City/State/Zip Code

Telephone / Fax

Signature

Please Provide a Brief Description of Organization (necessary to process application):

For Association Use:

Date _____ Ck# _____ \$ _____