



Membership Application

The Virginia Water Well Association values your membership. Help us build membership and make the association stronger by involving as many people in your company as you can!

Date: _____ Select one: _____ new member _____ renewing member

Company: _____ Office Contact: _____

Mailing address: _____ Town/State/Zip: _____

Office Phone: _____ Other phone (optional): _____ Fax: _____

E-Mail: _____ VA County of location: _____

Member names: List number of members for company: _____

Print all member names. Each member receives VWVA mailings. If member has a mailing address other than the address above, provide the other address. Submit individual member email addresses. Use back of application as needed.

Member: _____ Member: _____

Member: _____ Member: _____

Member: _____ Member: _____

_____ I have included additional member/mailling/emailing information on the back of this form.

| | | | |
|--------------------|---|-----------|----------|
| Membership: | 1 to 3 individuals per company | \$285.00* | \$ _____ |
| | Additional persons (after first 3) per person | \$ 55.00* | \$ _____ |
| | TOTAL DUE: | | \$ _____ |

*Dues payments to VWVA are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as ordinary and necessary business expenses excluding \$15 which is allocated towards non-deductible VWVA lobbying activity (VWVA Well PAC).

Payment Information:

Checks: Payable to VWVA. Mail with form to P.O. Box 1128, New Market, VA 22844.

Return check fee: \$30.00.

VISA, Mastercard, AMEX: Complete information below. Fax form to 540-740-4556.

Cardholder name (as it appears on the card) _____

Does your company name appear on the card? _____

Circle one: VISA or MasterCard or AMEX Amount of credit card payment \$ _____

Card # _____/_____/_____/_____ Exp Date: ____/____

Signature: _____