

SYSTEM MEMBERSHIP APPLICATION

System/Company Name:				
Contact Person:		Title:		
Physical Address:				
City:		State:	Zip:	
Phone:		Fax:		
IMPORTANT				
Email:		Email 2:		
Mailing address (if different from above)				
Mailing Address:				
City:	State:		Zip:	
Operator/PWD	Administrator/Owner		Clerk/Bookkeeper	
Name	Name		Name	
Address	Address		Address	
Phone	Phone		Phone	
Annual Dues				
Individual. \$ 50.00 Transient. \$ 50.00 Non-Transient. \$ 75.00 1-49 Service Connections \$150.00 50-149 Service Connections \$250.00 150-299 Service Connections \$300.00 300-499 Service Connections \$350.00 500+ Service Connections \$400.00				
Payment				
☐ Check ☐ Visa ☐ MasterCard ☐ Ame Additional 3% conveni	ver Check No:		TOTAL DUE:	
Name on Card:		Account #:		
Expiration Date:	CVC Code	Authorized Signature:		

EMAIL OR MAIL TO:

MONTANA RURAL WATER SYSTEMS INC. 525 Central Avenue M6 • Great Falls, MT 59404 mtruralwater@mrws.org • www.mrws.org