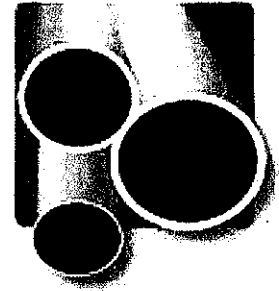




# Partnership for Safe Water Distribution Program



## MEMBERSHIP APPLICATION

### PART 1: UTILITY INFORMATION

Date:

Utility Name:

Population Served by Utility:

Utility Address:

City:

State:

ZIP Code:

**Primary Contact:** (This contact will receive all correspondence from the Partnership)

Title:

Address:

(if different from utility address)

City:

State:

ZIP Code:

Phone:

Fax:

Email:

**CEO/General Mgr/VP/Executive Director:**

Title:

Address:

(if different from utility address)

City:

State:

ZIP Code:

Phone:

Fax:

Email:

### PART 2: PAYMENT

#### Annual Fee Schedule

Utility Population Served	Annual Fee
> 700,000	\$3,600
525,001 – 700,000	2,700
350,001 – 525,000	1,800
175,001 – 350,000	1,300
88,001 – 175,000	1,000
35,001 – 88,000	600
18,001 – 35,000	300
< 18,001	50

**Amount Due:**

**Payment Method:**

Check Enclosed:   
*(Make check payable to AWWA)*

American Express     Discover     Master Card     Visa

Card Number:

Expiration Date:

Card Holder:

**PART 3: DISINFECTANT REQUIREMENT**

Utility members participating in this program must be a community water system that operates a distribution system and must apply an approved disinfectant to maintain a residual. Please check the box below to confirm your system satisfies these requirements.

**PART 4: REGULATORY COMPLIANCE**

*Utilities enrolled in the Partnership for Safe Water must be in full compliance with applicable health-based regulations that apply to the water distribution system for at least the preceding 6 months. Sign below to indicate that the distribution system(s) you are enrolling satisfies this requirement and that you agree to notify the Partnership within one month of receiving a notice of violation.*

\_\_\_\_\_  
*Signature Required*

**Return the application with your payment to:**

**Partnership for Safe Water Coordinator  
AWWA  
6666 W. Quincy Ave.  
Denver, CO 80235**

