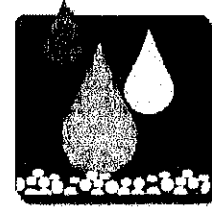




# Partnership for Safe Water Treatment Program



## 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: PLANT INFORMATION

**Plant #1 Name:**

Plant Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Plant Contact:

(Optional)

Contact Phone:

Contact Email:

**Plant #2 Name:**

Plant Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Plant Contact:

(Optional)

Contact Phone:

Contact Email:

Additional plants should be listed on separate sheet and attached to this application

**PART 3: PAYMENT**

| Annual Fee Schedule       |            | Amount Due: |
|---------------------------|------------|-------------|
| 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         |             |

**Payment Method:**

Check Enclosed:   
 (Make check payable to AWWA)

American Express     Discover     Master Card     Visa

Card Number:

Expiration Date:

Card Holder:

**PART 4: REGULATORY COMPLIANCE**

*Utilities enrolled in the Partnership for Safe Water must be in full compliance with applicable health-based regulations for at least the preceding 6 months. Sign below to indicate that the plant(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 completed application with your payment to:**

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

