

2020 Associate Membership Update

	GENERAL INF PLEASE COMPLETE A	FORMATION	ION
Date:			
Mayor/President	nt Office Contact:		
Organization Name:			_
Mailing Address:			
Physical Address:			
			Zip:
Telephone #:	Cell #:	Fa	ax #:
Email:	# of Con	nections:	Population:
•	1: Y / N (circle one) Sew		AR 72086
Credi	ayments Mail to: PO I t Card Payments/PayPa	al @ www.arkan	sasruralwater.org
Yes No CHECK HI	ERE if your system has staff with a	ny special needs that wil	l attend ARWA training. Please describe:
greater; the associa	nicipal water and/or waste	on-voting & ineligib	\$900.00 per year in populations of 10,000 & ole to hold a position on the

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, DC 20520-9410"