



COMPANY INFORMATION			
Company Name:			Subsidiary? Yes No
AKA/DBA:		Parent Company:	
Number of Employees:	Website:		
Gross Annual Revenue from the Water/Wastewater Industry: \$			
PRIMARY CONTACT INFORMATION			
Primary Contact: <small>First Name</small> <small>Last Name</small>		Email:	
Mailing Address:			
City:		State:	Zip:
Phone:		Fax:	
Email Opt-in: I want to receive Rural Water Wire and Rural Water eSplash: Yes No			
BILLING/ACCOUNTING CONTACT INFORMATION			
Billing Contact: <small>First Name</small> <small>Last Name</small>		Email:	
Mailing Address:			
City:		State:	Zip:
Phone:		Fax:	
EXHIBIT/MARKETING CONTACT INFORMATION			
Exhibit/PR Contact: <small>First Name</small> <small>Last Name</small>		Title:	
Mailing Address:			
City:		State:	Zip:
Phone:		Email:	
Please contact me for more information regarding NRWA sponsorship opportunities: Yes No			
COMPANY DESCRIPTION (20 words or less – please type)			
PRODUCT & SERVICE CATEGORIES (select up to 5 categories that best represent your company)			
<input type="checkbox"/> Advertising	<input type="checkbox"/> Computers/Software/Technology	<input type="checkbox"/> Job Site Products/Tools	<input type="checkbox"/> Security/Emergency Preparedness
<input type="checkbox"/> Aeration	<input type="checkbox"/> Controls & Controllers	<input type="checkbox"/> Laboratory & Testing	<input type="checkbox"/> Stormwater Treatment
<input type="checkbox"/> Automatic Flushing	<input type="checkbox"/> Data Logging Equipment	<input type="checkbox"/> Leak Detection/Water Audits	<input type="checkbox"/> Tanks/Towers
<input type="checkbox"/> Backflow Prevention	<input type="checkbox"/> Disinfection & Purification	<input type="checkbox"/> Meters & Meter Reading	<input type="checkbox"/> Training/Education
<input type="checkbox"/> Cathodic & Corrosion Protection	<input type="checkbox"/> Distribution Systems	<input type="checkbox"/> Pipe & Fittings	<input type="checkbox"/> Wastewater Treatment
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Energy Efficiency	<input type="checkbox"/> Process Control Equipment	<input type="checkbox"/> Water Treatment
<input type="checkbox"/> Clamps	<input type="checkbox"/> Filters & Filtration	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Underground Utility Locators
<input type="checkbox"/> Cleaning/Remediation/Removal	<input type="checkbox"/> Grant & Loan Funding	<input type="checkbox"/> Pumps & Motors	<input type="checkbox"/> Utility Management
<input type="checkbox"/> Coatings & Linings	<input type="checkbox"/> Hydrants	<input type="checkbox"/> Recycling	<input type="checkbox"/> Valves
<input type="checkbox"/> Collection/Sewer Systems	<input type="checkbox"/> Instrumentation & Monitoring	<input type="checkbox"/> Safety	<input type="checkbox"/> Well Drilling/Ground Water
SIGNATURES			
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:		Date:	
INTERNAL USE ONLY BELOW THIS LINE			
Member #:	Processed by:	Date:	