



**NEW WATER SUPPLY COALITION, INC.
ASSOCIATE MEMBER APPLICATION**

Company Name	
Address	
City, State, Zip	
Nature of Business:	

Please enter the name and contact information for the person in your organization who will receive correspondence and information about the Coalition:

Contact Person & Title	
Phone / Email:	

Comments:

Thank you for your interest in the New Water Supply Coalition

Please return the completed form via mail or fax to: