



NEW WATER SUPPLY COALITION, INC. VOTING MEMBER APPLICATION

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

Please enter the name and contact information for the person in your organization who will serve on the Board of Directors:

Board Person & Title	
Phone & Email:	

Please enter the name and contact information for the person in your organization who will serve as the Board Alternate(s).

Board Alternate(s) & Title(s):	
Phone & Email:	

Comments:

Thank you for your interest in the New Water Supply Coalition

Please return the completed form via mail or fax to: