

Whidbey Island Water Systems Association
P.O. Box 1636
Oak Harbor, WA. 98277
Application for Membership

Name of Water System _____

Number of Active Connections _____

Address _____

City, State, Zip Code _____

Phone Number _____

E-Mail Address _____

Designated Representative _____

Address _____

City, State, Zip Code _____

E-Mail Address _____

Phone Number _____

Alternate Representative _____

Address _____

City, State, Zip Code _____

E-Mail Address _____

Phone Number _____

\$2.00 per service or \$25.00 minimum and \$200.00 Maximum.

_____ We have 14 or less active connections and have included \$25.

_____ We have _____ active connections and have included \$2 per
Connection, up to a maximum of \$200.

_____ We are applying for Associate membership and have included \$25.

Are you a Group "A" _____ Group "B" _____

To keep mailing costs to a minimum, only one copy of our newsletter will be sent to the
Designated Representative.

Signature _____

Title _____

Date _____

Mail the completed application and check to the address at the top of this application.
Membership applications will be considered at the next regularly scheduled meeting of the Board
of Directors.