



# Partnership for Safe Water Treatment Program



## MEMBERSHIP APPLICATION

### PART 1: UTILITY INFORMATION

Date:

Utility Name:

Population Served by Utility:

Utility Address:

City:

State:

ZIP Code:

**Primary Contact:** (This contact will receive all correspondence from the Partnership)

Title:

Address:

*(if different from utility address)*

City:

State:

ZIP Code:

Phone:

Fax:

Email:

**CEO/General Mgr/VP/Executive Director:**

Title:

Address:

*(if different from utility address)*

City:

State:

ZIP Code:

Phone:

Fax:

Email:

### PART 2: PLANT INFORMATION

**Plant #1 Name:**

Plant Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Plant Contact:

*(Optional)*

Contact Phone:

Contact Email:

**Plant #2 Name:**

Plant Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Plant Contact:

*(Optional)*

Contact Phone:

Contact Email:

*Additional plants should be listed on separate sheet and attached to this application*

## PART 3: PAYMENT

Annual Fee Schedule		Amount Due:
Utility Population Served	Annual Fee	
> 700,000	\$3,600	
525,001 – 700,000	2,700	
350,001 – 525,000	1,800	
175,001 – 350,000	1,300	
88,001 – 175,000	1,000	
35,001 – 88,000	600	
18,001 – 35,000	300	
< 18,001	50	

**Payment Method:**

Check Enclosed:   
*(Make check payable to AWWA)*

American Express   
  Discover   
  Master Card   
  Visa

Card Number:

Expiration Date:

Card Holder:

## PART 4: REGULATORY COMPLIANCE

*Utilities enrolled in the Partnership for Safe Water must be in full compliance with applicable health-based regulations for at least the preceding 6 months. Sign below to indicate that the plant(s) you are enrolling satisfies this requirement and that you agree to notify the Partnership within one month of receiving a notice of violation.*

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*Signature Required*

**Return the completed application with your payment to:**

Partnership for Safe Water Coordinator  
 AWWA  
 6666 W. Quincy Ave.  
 Denver, CO 80235

