



IAWPCO MUNICIPAL MEMBERSHIP FORM

PLEASE PRINT

MUNICIPALITY: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PRIMARY CONTACT NAME: _____

PRIMARY CONTACT E-MAIL: _____

PHONE: _____

MEMBERS

1. NAME _____	E-MAIL _____
2. NAME _____	E-MAIL _____
3. NAME _____	E-MAIL _____
4. NAME _____	E-MAIL _____
5. NAME _____	E-MAIL _____

ADDITIONAL MEMBERS \$10 EACH

1. NAME _____	E-MAIL _____
2. NAME _____	E-MAIL _____
3. NAME _____	E-MAIL _____
4. NAME _____	E-MAIL _____

MEMBERSHIP IS FROM April 1- March 31

MAIL TO: IAWPCO P.O. Box 99 Genoa, Illinois 60135-0099
MEMBERSHIP FEES 1 YEAR \$80.00