

MEMBERSHIP REGISTRATION

DATE: _____

Capital Region Water Board
366 William Drive, Hershey, PA 17033

Organization/ Individual: _____ Member: _____

Address: _____ Alternate: _____

City: _____ State: _____ Zip: _____

Phone # _____ FAX: _____ EMAIL: _____

Membership Fee Enclosed Amount: _____ Checks should be made payable to **CRWB**

Please check type of membership and note # of connections etc.

PLEASE INDICATE TYPE	MEMBERSHIP TYPE	INITIAL YEAR	YEARLY	# OF CONNECTIONS ETC
	<u>Contributing Members</u>			
	Water Utilities			
	Municipalities	\$100	By # of Connections	
	Authorities	\$100	By # of Connections	
	Investor Owned Water Utilities	\$100	By # of Connections	
	Waste Water Utilities			
	Municipalities	\$100	By # of Connections	
	Authorities	\$100	By # of Connections	
	Investor Owned Water Utilities	\$100	By # of Connections	
	Industries			
	Water Using Industries	\$100	By Water Use	
	Others	\$100	By Water Use	
	Others			
	Electric Utilities	\$100	By Water Use	
	Other Utilities	\$100	By Population Served	
	Institutions	\$100	\$100	
	Consultants	\$100	\$100	
	Businesses	\$100	\$100	
	<u>Ex-Officio Members</u>			
	Government Entities	\$100	\$100	
	<u>Affiliate Members</u>			
	NGO	\$50	\$50	
	Watershed Organization	\$50	\$50	
	Environmental Organizations	\$50	\$50	
	Natural Resources	\$50	\$50	
	Labor Organizations	\$50	\$50	
	Citizens' Organizations	\$50	\$50	
	Other Organizations	\$50	\$50	
	Citizens *	\$10	\$10	
	Students*	\$5	\$5	
	Senior Citizens*	\$5	\$5	

(717)533-5055