



Membership Application

The undersigned hereby makes application in the Pennsylvania Municipal Authorities Association and subscribes to the Code of Ethics.

- Active Membership
- Associate Membership
- Check or credit card
- Please invoice

Name: _____

Authority/Firm Name: _____

Address: _____

City/State/Zip: _____

County: _____

Phone: _____ **Fax:** _____

E-mail Address: _____

Website Address: _____

For Authorities Only:

Type of Project (check all that apply):

- Water
- Sewer
- Solid Waste
- Recreation
- Transportation
- Other _____

Type of Operation (check all that apply):

- Lease Back
- Operating
- Other _____

Gross Revenue: \$ _____

Manager: _____

For Firms Only:

Type of Business (check all that apply):

- Association
- Distributor/Supplier
- Insurance
- Management
- Metering
- Tank/Tank Maintenance
- Other _____
- Computer/Software/Web
- Engineer
- Laboratory
- Manufacturing
- Municipality/Township
- Consultant
- Financial
- Legal
- Manufacturers Rep
- Sales/Service

Signature: _____ **Date:** _____

Recommended by: _____

Checks should be made payable to PMAA. We also accept Visa MasterCard Discover

Card # _____ Exp.: _____
Last 3 digits of the 7 digit code on the backside of the credit card: _____