Associate Membership Application

The undersigned hereby makes application in the Pennsylvania Municipal Authorities Association (PMAA) and subscribes to the Code of Ethics (www.municipalauthorities.org/about-statement-of-values-code-of-conduct).

Firm Name:					
Contact Name:					
Addess:					
City, State, Zip:					
County:		Phone:		Fax:	
Email:		Websit	e:		
Type of Business (c	heck all that apply	y):			
Association	☐ Consultant	☐ Distributor/Supplier	☐ Education	□Energy	
□Engineer	Financial	☐ Insurance ☐	Laboratory \Box	Legal	
□Management	☐ Management ☐ Manufacturing/Manufacturers Rep ☐ Metering ☐ Municipality*				
☐ Sales/Service	☐ Tank/Tank M	laintenance 🗆 Technology	//Software		
Other:					
member. Membership	is for the individual	95 for the first member of the ual, not the firm. Membershi for the upcoming year.			
boroughs who wish to	receive PMAA ir	This category is for municipan formation and opportunities s. Dues are \$395 for the first	through membership.	This category	
service or product pro	ovided by the ven	or be considered or presente dor. The Board of Directors r terminate an existing mem	of PMAA reserves the		
Signature:	gnature: Date:				
Recommended by:					
Payment Method: □]Check, made pa	yable to PMAA	Credit Card VISA	MasterCard DISC VER'	
	Card Number: _				
	Expiration:		Security Code:		

