

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: _____ **Title:** _____

Address: _____

City, State, Zip: _____

County: _____ **Phone:** _____ **Fax:** _____

Email: _____ **Website:** _____

Type of Business (check all that apply):

Association Consultant Distributor/Supplier Education Energy
 Engineer Financial Insurance Laboratory Legal
 Management Manufacturing/Manufacturers Rep Metering Municipality*
 Sales/Service Tank/Tank Maintenance Technology/Software
 Other: _____

Associate Membership: Dues are \$195 for the first member of the firm; and, \$125 for each additional member. Membership is for the individual, not the firm. Membership runs on a calendar year basis; annual renewals will be invoiced in December for the upcoming year.

***Municipal Associate Membership:** This category is for municipal entities, counties, cities, townships or boroughs who wish to receive PMAA information and opportunities through membership. This category does not have Association voting rights. Dues are \$395 for the first member of the entity; and, \$125 for each additional member.

Vendor participation shall not imply, nor be considered or presented as, an endorsement by PMAA of any service or product provided by the vendor. The Board of Directors of PMAA reserves the right, for cause shown, to disapprove an application, or terminate an existing membership.

Signature: _____ **Date:** _____

Recommended by: _____

Payments: Please make checks payable to PMAA, or contact us at (717) 737-7655 to provide credit card payment.