## **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:		
Addess:				
City, State, Zip:				
County:		Phone:		Fax:
Email:		Website:		
Type of Business (c	heck all that apply	y):		
Association	☐ Consultant	☐ Distributor/Supplier	☐ Education	□Energy
□Engineer	Financial	☐ Insurance ☐ La	aboratory $\square$	Legal
☐ Management ☐ Manufacturing/Manufacturers Rep ☐ Metering ☐ Municipality*				
☐ Sales/Service	☐ Tank/Tank M	laintenance $\Box$ Technology/S	Software	
Other:				
member. Membership	o is for the individu	95 for the first member of the ual, not the firm. Membership for the upcoming year.		
boroughs who wish to	receive PMAA ir	This category is for municipal of the formation and opportunities the first numbers. Dues are \$395 for the first numbers.	hrough membership.	This category
service or product pro	ovided by the ven	or be considered or presented dor. The Board of Directors of r terminate an existing membe	f PMAA reserves the	
Signature: Date:				
Recommended by:				
Payments: Please m	ake checks paya	ble to PMAA, or contact us at	(717) 737-7655 to pr	ovide credit card



payment.