



MARYLAND – DISTRICT OF COLUMBIA UTILITIES ASSOCIATION

APPLICATION FOR ASSOCIATE MEMBERSHIP

Company Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____ Certified Diverse Supplier? (Y or N) _____

Nature of Business: _____

Website Address: _____

Individual to receive Association correspondence:

Name: _____

Email Address: _____

Mailing Address: _____

Individual to receive Association notice of dues:

Name: _____

Email Address: _____

Mailing Address: _____

By applying for Associate Membership in the Maryland-District of Columbia Utilities Association, we agree to accept associate membership in accordance with the Constitution and By-Laws of the Association.

Name of Applicant's Officer: _____

Signature: _____

Title: _____

E-Mail Address: _____



MARYLAND – DISTRICT OF COLUMBIA UTILITIES ASSOCIATION

Sponsored by:

(Association Member Company Name) _____

Board Member (Name): _____

Board Member Signature: _____

Date of Application: _____

For Association Use Only:

Date of Board Vote: _____

Outcome of Board Vote: _____