

MARYLAND-DISTRICT OF COLUMBIA UTILITIES ASSOCIATION

APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE: _____

NATURE OF BUSINESS: _____

Individual to receive Association correspondence:

Name: _____

Address (if different than above): _____

Individual to receive Association notice of dues:

Name: _____

Address (if different than above): _____

In accepting membership in the Maryland-District of Columbia Utilities Association the we agree to accept membership in accordance with the Constitution and By-Laws of the Association.

Name of Applicant's Officer (Print): _____

Signature: _____

Title (Print) _____

Phone: _____

Email Address: _____

Sponsored by (Association Member) _____

Name (Print): _____

Signature: _____

Title (Print) _____

Date of Application: _____