

# 2018 Membership Application or Dues Renewal Form

Please complete the following membership application and return to MABWA along with your dues check or credit card charge authorization.

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Sponsor (**very important**) \_\_\_\_\_

Primary Rep. \_\_\_\_\_ Title \_\_\_\_\_ Email (Required) \_\_\_\_\_

Second Rep. \_\_\_\_\_ Title \_\_\_\_\_ Email (Required) \_\_\_\_\_

Third Rep. \_\_\_\_\_ Title \_\_\_\_\_ Email (Required) \_\_\_\_\_

## Check Member Category

## Fees

<b>Bottler /Distributor</b>	Companies With Gross Sales Less Than \$1 Million.....	\$350.00
	Companies With Gross Sales Between \$1 Million & \$2 Million.....	\$500.00
	Companies With Gross Sales Over \$2 Million.....	\$1,000.00
<b>Supplier</b> .....		\$300.00
<b>Associate</b>	<b>POU</b>	<b>Water Store</b>
<b>Professional</b> .....		\$300.00

Please check the appropriate amount below if you are willing to include a **voluntary "legislative & lobby assistance" contribution** to assist MABWA with important legislative and lobby activities throughout the coming year. These issues often hit with short notice and your contribution is appreciated! Make a check payable to MABWA.

<b>Small Co. Contributor</b> .....	\$100.00
<b>Medium Co. Contributor</b> .....	\$250.00
<b>Large Co. Contributor</b> .....	\$500.00
<b>Other Amount</b> .....	\$ _____

## MABWA Roster Information

Products/Services Offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your 2018 MABWA membership will include a Roster with a listing for every member. The contact information on this form will be used for compiling the Roster, unless you submit corrections no later than March 15, 2018.

## Total Membership / Contributions Fees (please check each category and total) \$ \_\_\_\_\_

Please include your check or to pay by Visa, Mastercard, or American Express, provide the following information as it appears on your card along with the cardholder address.

Name of Cardholder \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address of Cardholder \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please check here if you would like to receive a receipt.**

PLEASE NOTE THAT YOUR CREDIT CARD CHARGE **WILL BE PROCESSED BY WATER EVENT**. COPY THIS FORM FOR YOUR RECORDS.

Return along with your check or credit card charge information to: MABWA,.Box.1747, Dripping.Springs, TX 78 620

Or you can fax to 512.858.0486. For further information call MABWA at 512.894.4106 or apply online at [www.mabwa.org](http://www.mabwa.org).