

MPUA Associate Member Application

Designated Representative _____

Title _____ Date _____

Firm Name _____

Mailing Address _____

City/State/Zip _____ Cell _____

Phone _____ Fax _____

Email _____ Web Site Address _____

Please check the three categories which best describe your products or services: (up to four)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Renewable Energy |
| <input type="checkbox"/> Broadband | <input type="checkbox"/> Insurance/Finance/Banking | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Computers/Software | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Utility Equipment Supply |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Metering | <input type="checkbox"/> Utility Maintenance/Services |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Other | <input type="checkbox"/> Water/Wastewater Maintenance
or Services |
| <input type="checkbox"/> Generation | <input type="checkbox"/> Power Supply | |
| <input type="checkbox"/> GIS | <input type="checkbox"/> Rate Design/Cost of Service Studies | |

Please provide a short (one paragraph) summary of your products and services for posting on the Alliance web site. If you include a web site address above, we will also include a link to your site.

How would you like to receive your issue of the *Alliance Advantage*?

By Mail to above address. By Email: _____

2019 Associate Member \$ 430

Dues: *Alliance Advantage* Ad: _____

Membership Directory Ad: _____

TOTAL Enclosed: _____