



6101 E. Angel Lane  
Ashland, Missouri 65010  
Telephone (573) 657-5533  
Fax (573) 657-0533  
www.moruralwater.org

System Name: **YOUR ASSOCIATION**  
Address:  
City, State, Zip: **OF**  
**WATER & WASTEWATER UTILITIES**

## 2008 MEMBERSHIP DUES NOTICE

2008 Dues (based on \_\_\_\_\_ connections x .37).....\$ \_\_\_\_\_  
*(Please correct to reflect your current number of connections)*

**Total Remittance:** \$ \_\_\_\_\_

### DUES STRUCTURE

0 – 256 Connections (Minimum Dues) = \$ 95.00  
2568 Plus connections (Maximum Dues) = \$950.00

**IMPORTANT:** Indicate with an “X” the *individual* who should receive correspondence. Your assistance in providing the following information will make it easier for the Association staff to meet your needs.

**PHONE:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SERVICE IN COUNTY(IES):** \_\_\_\_\_

**BOARD PRESIDENT/  
MAYOR:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**WATER SUPERINTENDENT/MANAGER:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

**CLERK/OFFICE MANAGER:** \_\_\_\_\_

**CERTIFIED WATER DISTRIBUTION(S):** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

**CERTIFIED WATER TREATMENT(S):** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

**CERTIFIED WASTEWATER OPERATOR(S):** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

**CERTIFIED CAFO OPERATOR(S):** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

*Please return this completed form with your remittance to:*

**MISSOURI RURAL WATER ASSOCIATION  
6101 EAST ANGEL LANE  
ASHLAND, MISSOURI 65010**

*Membership dues in Missouri Rural Water Association are not deductible as charitable contributions for federal income tax purposes.  
However, they may be deductible as professional or business expenses, to the extent allowable by law.*

**“Your resource for water quality.”**