



2022 Associate Membership Application

Associate Member: A Group A ground or surface water system located outside of Pierce County, but within the State of Washington.

If your Group A ground or surface water system is located within Pierce County, Washington, please use the Regular Membership Application.

Applicant (Utility) name: _____

Physical address: _____

Mailing address (if different from physical): _____

Primary Contact/Voting Member: _____

Phone: _____ **Fax:** _____ **Cell:** _____

Email address: _____

Additional Contact/Alternate Voting Member: _____

Type of Water Utility Governance: _____
(City, Special Purpose District, Investor Owned, Private Nonprofit, Mutual, etc.)

Year founded: _____ **No. of actual connections:** _____ **Connections in Pierce Co.:** _____

Population served (in Pierce County): _____ **Total population served:** _____

No. of water systems: _____ **Percentage of source water:** _____% ground; _____% surface

No. of wells: _____ **Total GPM capacity:** _____

If serving more than Pierce County, in what other counties is service provided?

Treatment (any or all sources) and number of sources with any given treatment:

Chlorination: Y N # _____; **pH Adjustment:** Y N # _____; **Fluoridation:** Y N # _____;

Filtration: Y N for: _____ # _____, for: _____ # _____,

Other treatment: Y N Type: _____ # _____.

No. of storage tanks: _____ **Storage tank capacity:** _____

Special features, interests, expertise of utility (any type of information you feel would be useful or beneficial to others in the Co-op, e.g., conservation, legislative affairs, VOC treatment, etc.):

Other organizations applicant belongs to (WWUC, RWA, WASWD, etc.): _____

Dues: Annual dues are assessed based upon:

- If less than 5,000 total meters, pay \$0.78 for meters in Pierce County.
- 5001-10,000 total meters pay \$0.78 per meter in Pierce County & \$0.25 per meter out of Pierce County
- Over 10,000 total meters pay \$0.78 per total meters

Points of Contact:

Dues:

(Name)	(Cell)	(Email)
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Purchasing Supplies & Services:

(Name)	(Cell)	(Email)
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Wage/Benefit Information:

(Name)	(Cell)	(Email)
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Emergency Contact Information:

Utility Name: _____

Business Address: _____
Business Phone: () ____-_____
24 hour Emergency Phone: () ____-_____
Business Email: _____

Emergency Contacts:

Primary Contact Name: _____, Manager
Primary Contact Home Phone: () ____-_____
Primary Contact Cell Phone: () ____-_____
Primary Contact Personal Email: _____

Secondary Contact Name: _____
Secondary Contact Home Phone: () ____-_____
Secondary Contact Cell Phone: () ____-_____
Secondary Contact Personal Email: _____