



505 US Highway 9, Lanoka Harbor, NJ 08734 / Phone: 609.242.7111 / Fax: 609.242.7112
Email: info@njwater.org / Website: www.njwater.org

2024 INDIVIDUAL MEMBERSHIP FORM

Name: _____ County of Residence: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Alternate Phone: _____

Email: _____ Referred By: _____

ARE YOU CURRENTLY EMPLOYED IN THE WATER/WASTEWATER/ENGINEERING OR RELATED INDUSTRY?

IF YES, Please provide employer information and your title:

Employer Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

MEMBERSHIP RATES:

**Employed Full-Time by a System or Business that is a
MEMBER of NJWA: \$30.00**

NOTE: If you are not sure your employer is a current member of NJWA, please call our office to confirm before submitting your application and remitting payment

**Retired or Employed by a System or Business that is
NOT A MEMBER of NJWA: \$120.00**

NOTE: If you are not sure your employer is a current member of NJWA, please call our office to confirm before submitting your application and remitting payment

Make Check Payable to:

New Jersey Water Assoc
505 US Highway 9
Lanoka Harbor, NJ 08734

Credit Card: Visa Mastercard American Express Discover

Card #: _____ Expiration Date: _____ CID#: _____

Name on Card: _____ **Signature:** _____

Card Billing Address: _____

Amount to be charged: _____

*Membership applications can also be found on our website (www.njwater.org).
Credit Card payments also accepted through website.*

Mission Statement: To enable our water and wastewater membership to safeguard the health of their users by providing leadership and professional services.

THANK YOU FOR YOUR SUPPORT!