



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

2026 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: \$35.00

Retired or Employed by a System or Business that is NOT A MEMBER of NJWA: \$140.00

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

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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!