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(402) 476-1528

2018-2019 MEMBERSHIP APPLICATION FORM

July 1, 2018 - June 30, 2019

We invite you to become a member of the Nebraska Water Resources Association! Please <u>complete/update both sides</u> of this membership form and return your payment, along with this form to:

Nebraska Water Resources Association, 8700 Executive Woods Dr, Suite 400, Lincoln, NE 68512-9612

CHECK THE CATEGORY WHICH MOST CLEARLY REPRESENTS YOUR POSITION WITHIN THE WAT	ER INDUSTRY
Membership Categories:	

Тур	pe	Amount	Type		Amount
	Financial Institution	\$315			
_		4205		per of Commerce/N	lunicipalities
	Business	\$205	Popula □ ∩	10,000	\$105
	Individual	\$ 80		0,000-50,000	\$205
		·		50,000	\$263
und due July	er the Revenue Reconciliation Act		TOTAL	DUES AMOUNT:	\$
Yo	ur membership type:				
off	ice. The contact information	on we have in our system. Please n n is at the back side of this form.	·		
Co	mpany Name:				
Cit	y: State: Zip:				
Ph	one:	Cell Pl	none:		
Dir	ect Phone:	Fax:			
E-r	nail:				
Ple	ase make check payable to I	Nebraska Water Resources Associat	ion (NeWR	A) or pay by credit c	ard below
CR	EDIT CARD INFORMATIO	N:			
	·	Email (required for receipt):			
					Expiration Date:
Ca	rd Billing Address:				
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VOTING PRIVILEGES: *Individual Membership:* Individual Members are entitled to one vote in the affairs of the association. *Business/Professional, Agribusiness, Associations/Organizations, State/Regional Organizations, Financial Institutions, Chamber of Commerce, Irrigation/Reclamation Districts, NRDs, and Public Power Districts: Such members are entitled to the greater of two votes or one vote for each \$400 in dues paid to a maximum of 4 votes. Please designate one person to vote on its behalf in the affairs of the association and designate a list of those persons designated as alternative representatives for voting purposes.*

Designated Voting Member: (if different from contact person):

Contact Name & Title:			
Company Name:			
Address:			
City:	State:	Zip:	
Phone:			
E-mail:			
Alternate Voting Member:			
Contact Name & Title:			
Company Name:			
Address:			
City:			
Phone:Cell Phone:			
E-mail:			
Others who would like to receive NWRA news Contact Name & Title:			
Company Name:			
Address:			
City:		Zip:	
Phone:			
E-mail:			
Contact Name & Title:			
Company Name:			
Address:			
City:		Zip:	
Phone:			
E-mail:			
Contact Name & Title:			
Company Name:			
Address:			
City:	State:	Zip:	
Phone:			

Please return this form to: