

Signature of AFRWC Representative: __

8429 – 24 Street Edmonton, Alberta T6P 1L3 Phone: (780) 416-6527 Fax: (780) 416-6544 <u>www.abwaterco-op.com</u>

Membership Application Form 2025

Please complete for AFRWC records and remit \$100 for initial membership payable to the Alberta
Federation of Rural Water Co-operatives Ltd.

Name of Co-op:			
Mailing Address:			
City/Town:		Postal Code:	
Contact Person:			
Phone:	Email:		Fax:
Alternate Contact:			
Phone:	Email:		Fax:
General Location Within the Province of Alberta:			
North:	Central:		South:
Near Large Town/City of:			
Source of Water:			
Number of Members Served by Co-op:			
As of:			
Date of Application:			
Yearly renewal rate due as of January 1 st of each year: • At \$9.00 per membership (service connection) • With no minimum or maximum rate per Co-op or Association Membership entitles your Co-op to: • Group insurance through RMA Insurance • Central purchases or equipment • Directorship in the AFRWC • Sharing of information and resources • Representation with government and agencies.			
For Office Use Only: Date Received:			
Receipt No: Renewal Receipt No:			