



2026-2027 MEMBERSHIP APPLICATION

Please mail your payment for dues to:
Illinois Rural Water Association * PO Box 49 * Taylorville, IL 62568

MEMBER INFORMATION - (this will be the only address that physical mail will be sent to)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Population: _____ County: _____
Phone: _____ Website: _____

CIRCLE TYPE OF MEMBERSHIP

- | | |
|--|---|
| Voting (under 10,000 pop -see below) | Supporting (over 10,000 pop - \$590.00) |
| Private (MHP/HOA - \$350) | S.O.U.P. (Individual Person - \$50.00) |
| Associate (Companies/Vendors - \$400.00) | Secondary Associate (Branch of Associate - \$85.00) |

VOTING MEMBERS – please fill out this section to determine amount of your dues:

Voting Dues have a base rate of **\$312.00**

Additional dues are based on connections added to the base rate

Water Connections: _____ x .06 = \$ _____

Wastewater Connections: _____ x .06 = \$ _____

TOTAL AMOUNT OF DUES \$ _____

ADDITIONAL STAFF TO BE ADDED TO E-MAIL LIST

FOR VOTING/SUPPORTING MEMBERS:

NAME OF WATER OPERATOR: _____

E-MAIL ADDRESS: _____

NAME OF WASTEWATER OPERATOR: _____

E-MAIL ADDRESS: _____

NAME OF MANAGER/SUPERINTENDENT: _____

E-MAIL ADDRESS: _____

NAME OF CLERK/OFFICE MANAGER: _____

E-MAIL ADDRESS: _____

OTHER PERSONNEL WISHING TO BE NOTIFIED VIA E-MAIL: _____

E-MAIL ADDRESS: _____

FOR ASSOCIATE MEMBERS:

NAME OF OFFICE CONTACT: _____

E-MAIL ADDRESS: _____

NAME OF SALES REPRESENTATIVE: _____

E-MAIL ADDRESS: _____