

Municipal Service and Suppliers Association

Box 1708
Cochrane AB T4C 1B6
Toll Free: 1-877-283-2003
Fax: (403) 283-2007
email: member@wcwwa.ca

MEMBERSHIP APPLICATION

First Name: _____ Initial: _____ Last Name: _____
Employer: _____ Position: _____
Address: _____ Phone: (____) _____
City/Town: _____ Fax: (____) _____
Province: _____ Postal Code: _____ Email: _____

<input type="checkbox"/>	Municipal Service & Suppliers Association – MSSA *This is a corporate membership, one rep/organization.	\$225.00
<input type="checkbox"/>	MSSA Associate Memberships *	\$15.00 _____
TOTAL DUE MSSA:		_____

*MSSA Associate Memberships receive all publications and information from MSSA and WCW.
Please use as many copies of the attached sheet to provide contact information.

MSSA Member Benefits

- First right to refusal on WCW Conference exhibit space
- Promotion at WCW, SWWA and MWWA Trade Shows and invitations to WCW Trade Show for your Customers
- First right to refusal on WCW seminar mini-tradeshows
- Contribute to the WCW Magazine "Western Canada Water" News from the Field, New Product Showcase, Company Profiles, Member Profiles
- Listing in WCW annual membership directory "Who's Who"
- Access to WCW membership
- Page on the MSSA Website (www.wcmssa.net)

Payable by Cheque, VISA or MasterCard

Make cheque payable to and mail to:

Municipal Service and Suppliers Association
Box 1708 Cochrane AB T4C 1B6

To be completed if paying by VISA or MasterCard:

Card Number Expiry Date Card Holder Name Signature

Mark your calendar for the 64th Annual
Western Canada Water Annual Conference and Exhibition
September 18- 21, 2012 Winnipeg MB

Visit our web site at www.wcwwa.ca

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Affiliate Member Information

First Name: _____ Initial: _____ Last Name: _____

Employer: _____ Position: _____

Address: _____ Phone: () _____

City/Town: _____ Fax: () _____

Province: _____ Postal Code: _____ Email: _____

First Name: _____ Initial: _____ Last Name: _____

Employer: _____ Position: _____

Address: _____ Phone: () _____

City/Town: _____ Fax: () _____

Province: _____ Postal Code: _____ Email: _____

First Name: _____ Initial: _____ Last Name: _____

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