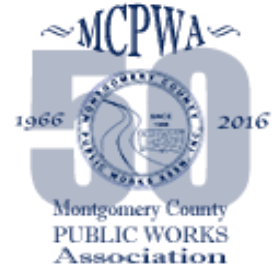


**MONTGOMERY COUNTY
PUBLIC WORKS
ASSOCIATION**



ASSOCIATE MEMBER APPLICATION

**MONTGOMERY COUNTY PUBLIC WORKS ASSOCIATION
ANNUAL MEMBERSHIP APPLICATION AND/OR DUES RENEWAL FORM**

www.mcpwa.org

Vendor Name: _____

Address: _____

Bus. Phone: _____ Fax: _____

Representative Name	Title	E-Mail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ASSOCIATE MEMBER DUES WILL BE INCLUDED WITH BI-ANNUAL
TRADE SHOW REGISTRATION - \$160 FOR 2-YEAR MEMBERSHIP –
UNLIMITED NUMBER OF REPRESENTATIVES**

Completed applications can be sent to:

Doug Jones at djones@lowersalfordtownship.org or (215) 256-8331 or

Chris Loschiavo at clochiavo@plymouthtownship.org or (610) 277-4103

Or mailed to: Montgomery County Public Works Association
P.O. Box 380
West Point, PA 19486

Date Received: _____