



**MONTGOMERY COUNTY
PUBLIC WORKS
ASSOCIATION**



DUES NOTICE – MUNICIPAL MEMBERSHIP ONLY!!

**ANNUAL MEMBERSHIP APPLICATION AND/OR DUES RENEWAL FORM
May 2022 to April 2023
www.mcpwa.org**

Municipality Name: _____

Address: _____

Phone Number: _____

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

(Attach extra sheet, if necessary):

Fees (*Municipal Members Only*): *Active* Members: First Rep \$35.00; Each Additional \$25.00

Retired Municipal Members: Free

First Representative \$ 35.00

Additional Representative(s) _____ @ \$25.00 \$ _____

Total Enclosed \$ _____

Make checks payable to: **MCPWA** and return to: MCPWA
P.O. Box 380
West Point, PA 19486

Questions email Treasurer@mcpwa.org or President@mcpwa.org

The following will be completed by the MCPWA Treasurer's Office

Date Received: _____

Total Paid: _____