



***MONTGOMERY COUNTY
PUBLIC WORKS
ASSOCIATION***



DUES NOTICE – MUNICIPAL MEMBERSHIP ONLY!!

ANNUAL MEMBERSHIP APPLICATION AND/OR DUES RENEWAL FORM

May 2025 to April 2026

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
2333 Welsh Road
Suite C6A #102
Lansdale, PA 19446

Questions email MontcoPWA@gmail.com

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

Date Received: _____

Total Paid: _____