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www.cmua.org

NON-PROFIT OR STATE AGENCY MEMBERSHIP APPLICATION

The undersigned organization hereby submits application for membership with the California Municipal Utilities Association, agrees to abide by the terms and provisions of the articles of incorporation and bylaws of the Association, and upon acceptance by the Board of Governors, shall be entitled to the services of the Association as therein provided.

Agency Name _____ **Date** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Street Address (If different from mailing address) _____

City _____ **State** _____ **Zip** _____

Main Telephone Number _____ **Fax Number** _____

Website _____ **Twitter** _____

Facebook _____ **Instagram** _____

For the purposes of computing annual dues, select appropriate industry (if applicable) and type of entity:

Energy Industry: Fiscal Year: _____ Total Employees: _____

Non-Profit Organization Annual Operating Budget \$ _____

State Agency Annual Projects Budget: \$ _____

Water Industry: Fiscal Year: _____ Total Employees: _____

Non-Profit Organization Annual Operating Budget \$ _____

State Agency Annual Projects Budget \$ _____

Leadership Team*

Executive Director/CEO/General Manager Name _____

Email _____ **Phone** _____

Deputy Executive Director or Deputy General Manager Name _____

Email _____ **Phone** _____

Chief Financial Officer Name _____

Email _____ **Phone** _____

Accounts Payable Contact Name _____

Email _____ **Phone** _____

The individual below is authorized to sign on behalf of the entity herein applying for membership in CMUA and authorizes CMUA to invoice for annual dues which will be due and payable Net 30.

Authorizing Signature _____

Authorizing Name _____ **Title** _____

Email _____ **Date** _____

**Upon approval of your application and receipt of payment for invoiced dues, a worksheet will be provided to add additional staff contacts. There is no limit to the number of staff included in your agency membership.*

Please be sure that you are providing the requested data for the current fiscal year. If this information is not available at the time of your application, please provide the most current year available. This information will be used to provide you with an “estimated” dues amount for your first year. Upon approval of your application, and prior to generating the invoice for your first year’s dues, CMUA may request confirmation of data provided. If no update is provided, CMUA will use the estimated data and will make any adjustments to actual vs. estimated in the second year of membership.

If you have any questions about completing the application, please contact Christine Chapman, Director of Events & Membership for CMUA at cchapman@cmua.org or (916) 326-5800.

Data Confirmed By: _____ **Date:** _____