



915 L Street Suite 1210  
Sacramento, CA 95814  
916-326-5800 • Fax 916-326-5810  
[www.cmua.org](http://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](mailto:cchapman@cmua.org) or (916) 326-5804.

**Data Confirmed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_