



# MEMBERSHIP APPLICATION

The governing body of the undersigned entity approves membership in the California Municipal Utilities Association (Association) and requests approval of the CMUA Board of Governors.

We have been apprised by the Association that membership dues in the amount of \$\_\_\_\_\_ for FY 20\_\_\_\_\_ and will be invoiced upon approval of this application and will be due and payable upon receipt. Failure to remit payment in a timely manner will result in immediate termination of membership and benefits.

**Please complete this form and return to CMUA, Attn: Director of Events & Membership by:** Mail: 915 L Street, Suite 1210, Sacramento, CA 95814 | Email: [cchapman@cmua.org](mailto:cchapman@cmua.org) | Fax: (916) 326-5810

**Questions?** Call CMUA's Director of Events & Membership at (916) 326-5804 or email [cchapman@cmua.org](mailto:cchapman@cmua.org).

## ORGANIZATION INFORMATION

Legal Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Website: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Board Meeting Day of Week \_\_\_\_\_ Time: \_\_\_\_\_

Number of Board Members: \_\_\_\_\_ Term of Office: \_\_\_\_\_ Election Odd or Even Year: \_\_\_\_\_

Service Type: \_\_\_\_\_ Water \_\_\_\_\_ Electric \_\_\_\_\_ Gas/Oil \_\_\_\_\_ Wholesaler \_\_\_\_\_

Agency Formation: \_\_\_\_\_ Municipal \_\_\_\_\_ JPA \_\_\_\_\_ Non-Profit \_\_\_\_\_ Other \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Authorizing Name of Signatory \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**For the purposes of computing annual dues, please supply the following information, as it applies to your organization, for the preceding fiscal year\*:**

**Electric Utilities:**

Total annual retail KWH sales \_\_\_\_\_ Total Connections: \_\_\_\_\_

**Water Utilities:**

- Retailers: Total Connections \_\_\_\_\_
- Wholesalers: Total water sales in acre feet \_\_\_\_\_
- Irrigation Districts: Total agricultural customers \_\_\_\_\_ Wholesaler? Yes No

\*Including residential, commercial & industrial, but excluding agricultural

## MEMBERSHIP INFORMATION

**Name of person to whom all membership-related materials should be sent.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## BILLING INFORMATION

**Name of person to whom all membership invoicing and dues-related materials should be sent.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: (if different from main): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Fiscal Year End Date: \_\_\_\_\_

## AGENCY LEADERSHIP

**General Manager Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Assistant General Manager Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Chief Financial Officer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Utility Director Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Assistant Utility Director Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Chief Engineer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**HR Manager/Director Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Public Relations Director Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Chief Technology Officer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Legislative Analyst Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Assistant to the General Manager Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Clerk/Secretary for the Board Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_