



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)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Main Telephone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Website** \_\_\_\_\_ **Twitter** \_\_\_\_\_

**Facebook** \_\_\_\_\_ **Instagram** \_\_\_\_\_

**For the purposes of computing annual dues, please select appropriate type of entity:**

**Energy Industry**

**Fiscal Year:** \_\_\_\_\_

Non-Profit Organization      Annual Budget \$ \_\_\_\_\_      Total Employees: \_\_\_\_\_

State Agency      Annual Budget \$ \_\_\_\_\_      Total Employees: \_\_\_\_\_

**Water Industry**

**Fiscal Year:** \_\_\_\_\_

Non-Profit Organization      Annual Budget \$ \_\_\_\_\_      Total Employees \_\_\_\_\_

State Agency      Annual Budget \$ \_\_\_\_\_      Total Employees \_\_\_\_\_

**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** \_\_\_\_\_

**Authorizing Signature** \_\_\_\_\_

**Authorizing Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*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 “estimated data”. 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 provided data. 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, Events & Membership Manager for CMUA at [cchapman@cmua.org](mailto:cchapman@cmua.org) or (916) 326-5800.**

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