

TWWA Membership Renewal

Make any needed corrections to the information below and return with appropriate dues to renew your membership.

Name: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Home Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

TWWA Region: _____

Membership Type: _____

Field of Interest: _____

Total Due: _____

Make checks payable to TWWA and mail check and renewal form to:

**Joe Waldrup
C/O Milan Public Utilities
P.O. Box 109
Milan, TN 38358**

For more information, please call Joe Waldrup at 731-686-1321