

# Membership Application

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

Title: (please print) \_\_\_\_\_

Address: \_\_\_\_\_  home  work

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_  home  work Fax# \_\_\_\_\_  home  work

Email Address: \_\_\_\_\_  home  work



## Please check the box that applies

- |   |  |
|---|--|
| <input type="checkbox"/> <b>MUNICIPAL MARKETING*</b><br>(Based on population) | <input type="checkbox"/> <b>Business Non Marketing \$60</b>  |
| <b>0,000-1,000 Population \$50</b>  | <input type="checkbox"/> <b>Municipal Non Marketing \$55</b> |
| <b>1,001-3,000 Population \$100</b>   | <input type="checkbox"/> <b>Non-Profit \$55</b>              |
| <b>3,001-5,000 Population \$250</b>   | <input type="checkbox"/> <b>State Agency \$55</b>            |
| <b>5,001 &amp; over \$500</b>   | <input type="checkbox"/> <b>Individual \$35</b>              |
| <input type="checkbox"/> <b>Business Marketing \$100</b>                      | <input type="checkbox"/> <b>Student \$20</b>                 |
| <input type="checkbox"/> <b>Deduct membership from Revenues*</b>              |  |

**\* Marketing arrangement required - Please Call**

# 942-6772 or fax 942-4017

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