

# 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

**MUNICIPAL MARKETING\***  
(Based on population)

**0,000-1,000 Population \$50**

**1,001-3,000 Population \$100**

**3,001-5,000 Population \$250**

**5,001 & over \$500**

**Business Marketing \$100**

**Deduct membership from Revenues\***

**Business Non Marketing \$60**

**Municipal Non Marketing \$55**

**Non-Profit \$55**

**State Agency \$55**

**Individual \$35**

**Student \$20**

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

# **942-6772 or fax 942-4017**

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