

**MONTANA WATER WELL DRILLERS ASSOCIATION
MEMBERSHIP FORM**

(Membership runs per fiscal year, from January 1 through December 31)

COMPANY: _____

E-MAIL: _____ WEBSITE _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE: _____ FAX: _____

CONTRACTOR NAME: _____ LIC # _____

EMAIL: _____

CONTRACTOR NAME: _____ LIC # _____

EMAIL: _____

ASSOCIATE NAME: _____ LIC # _____

EMAIL: _____

ASSOCIATE NAME: _____ LIC # _____

EMAIL: _____

- CONTRACTOR: Any Montana Licensed Water Well Contractor.
\$120.00 x _____ = \$ _____.
- ASSOCIATE: Any licensed water well driller, manufacturer and supplier of water well drilling equipment, and to such other persons, firms or associations in the water well industry.
\$ 95.00 x _____ = \$ _____.
- SCHOLARSHIP DONATION: If you would like to make a tax-deductible donation for our scholarship fund; please add.....\$ _____.
- LEGISLATIVE DONATION: If you would like to make a non tax-deductible donation to help meet our legislative expenses; please add.....\$ _____.
- IF YOU WOULD LIKE YOUR DONATION TO BE ANONYMOUS, PLEASE CHECK HERE.

TOTAL.....\$ _____.

Please Make Check Payable to and Mail Completed Membership Form To:

**Montana Water Well Drillers Association
% Sheri Lien
36482 Carbine Rd
Ronan, MT 59864**