

MWA 2019 ASSOCIATE MEMBERSHIP INVOICE

Name

Mailing Address (associated with credit card)

Postal Code:

Tel:

Email:

I authorize MWA to add my contact information to its email and bulletin lists:

Signed: Name in print:

If you would prefer to receive the newsletter via email (pdf) please check the box—thanks!

Visa Master Card

_____ Cardholder's name _____ Credit card number _____ Security code

Cardholder's signature: _____ Expiry date _____

Membership Fee: Jan. 1, 2019 to Dec. 31, 2019	\$60.00
HST at 13%	\$7.80
Amount enclosed	\$67.80

HST# 87339 0074 RT0001

**Questions?
Call the MWA office
at (519) 823-1990**

**Please either Fax, scan and email or
send your cheque and a copy of this
invoice to:**

**The Municipal Waste Association,
PO Box 1894, GUELPH, ON N1H 7A1**

Fax 519-823-0084