

# MWA 2018 ASSOCIATE MEMBERSHIP INVOICE

Name

Address

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 \_\_\_\_\_

<b>Membership Fee: Jan. 1, 2017 to Dec. 31, 2018</b>	<b>\$60.00</b>
<b>HST at 13%</b>	<b>\$7.80</b>
<b>Amount enclosed</b>	<b>\$67.80</b>

**HST# 87339 0074 RT0001**

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

**OR please send your cheque and  
a copy of this invoice to:**

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