



California Association of Mutual Water Companies

The Voice of Small Water Systems

MAY 8th WORKSHOP FORM

Mutual Water Company/Organization You Represent: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Attendee Name(s): _____

Workshop Fee: \$25 for members / \$35 for nonmembers

Amount Enclosed: \$ _____

Mail this form along with your check to:

CAMWC
P.O. Box 1338
Whittier, CA 90609

Credit Card: To pay by credit card, visit our website at <http://calmutuals.org/training-education/>

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