



*Delaware Irrigation Association, Inc.*  
MEMBERSHIP APPLICATION

Firm Name: \_\_\_\_\_

Primary Service/Product: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

State Senate District: \_\_\_\_\_ State House District: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

I / We hereby apply for membership in the following category:

- Contractor \$150.00
- Supplier, Manufacturer, Vendor, Professional, or Mfg. Representatives \$200.00
- Associate, all other (non-voting)\* \$75.00
- Agricultural \$75.00

\* Associate Membership is available to retired former members, allied organizations, governmental bodies, educational facility members, students, interested parties who *do not* derive income from irrigation related sales or contracting, and additional listings per company.

Principal(s) of Firm:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

I / We hereby apply for membership in the Delaware irrigation Association, subject to the Association's bylaws. I / We certify that all the information provided above is true and correct.

Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

This application must be completed and signed. Dues must be included with the application.  
**MEMBERSHIP IS RENEWABLE ANNUALLY**

Please return completed application with check made payable to the **Delaware Irrigation Association** and mail to: DIA, P.O. Box 651, Dover, DE 19903

E-mail: [info@delawareia.org](mailto:info@delawareia.org)

Web site address: [www.delawareia.org](http://www.delawareia.org)