2024 Affiliated States Bottled Water Association (ASBWA) Membership Application



Please complete the following Membership Application and return to ASBWA along with your dues check or credit card charge authorization.

Name			Co	ompany			
Address				City/State/Zip			
Phone	Fax		Email		Website		
□ Renewal □ New Member Referred by:							
Primary Rep		Title			E-mail (Required)		
Second Rep		Title			E-mail (Required)		
Third Rep	in alveda vin ta 2 aans	Title			E-mail (Required)		
*All dues categories may include up to 3 company representatives							
CHECK MEMBER CATEGORY							FEES
☐ Bottler/Distributor ☐ Companies with Gross Sales less than \$1 Million							\$395.00
□ Companies with Gross Sales between \$1 Million & \$2 Million							\$545.00
□ Companies with Gross Sales between \$2 Million & \$5 Million						\$	51,045.00
☐ Companies with Gross Sales over \$5 Million						\$	51,500.00
☐ Supplier							\$545.00
☐ Filtration ☐ \	Water Store	☐ Professional					\$395.00
Please check the appropriate amount below if you are willing to include a voluntary "legislative & lobby assistance" contribution to assist ASBWA with important legislative and lobby activities throughout the coming year. Your name will be included on our Legislative Contributors Recognition List! These issues often hit with short notice and your contribution is appreciated!							
□ \$250							\$250.00
□\$500							\$500.00
Other Amount							
I would like to become involved to serve and support the ASBWA in the following ways:							
COMMITTEE ASSIGNMEN	Т						
☐ Government Relations (Committee [Technical Committee		□ Memb	ership Committee		
☐ Programs Committee		Consideration for Boar	rd Positio	on 🗆 Conve	ention Help		
The contact information on this form will be used for compiling the 2024 Roster. Please complete the attached Roster Information form and return it along with your member application or dues renewal form.							
TOTAL MEMBERSHIP / CONTRIBUTION FEES (enter total here) \$ Please make your check payable to Affiliated Bottled Water Association or ASBWA, or pay by credit card (Visa, MC, AE) by completing the following:							
Name of Cardholder		Credit Card No.			Exp. Date	Secur	ity Code
Credit Card Billing Addres	SS			City	St	ate	Zip

☐ Check here if you would like to receive a receipt.

Your Credit Card Charge will be processed by Texas Water House. Online payments will be processed by JSJ Productions, Inc. Copy this form for your records. Return forms along with your check or CC authorization to: ASBWA, P.O. Box 1747, Dripping Springs, TX 78620. For further information, contact ASBWA at 512.894.4106 or email Susan Gibson at 512.406.1167 or susan@jsjproductionsinc.com.