



MEMBERSHIP APPLICATION

Utility Information

Utility Name: _____

Address: _____

Address (cont.): _____

City, State, Zip: _____

- Utility Type:
- Water
 - Wastewater
 - Rural Water
 - Tribal
 - Industrial

State ID#: _____

Contact Information

Contact Person: _____

Contact Phone: _____

Email Address: _____

Return Completed Form To:

Greg Wavra
North Dakota Department of
Health
Gold Seal Center
918 East Divide Avenue
Bismarck, ND 58501-1947

Questions? Contact Greg Wavra at:

Phone: 701-328-5224
Fax: 701-328-5200
Email: gwavra@nd.gov

Once we receive your completed application, you will be contacted with further information, including a copy of the Mutual Aid and Assistance Agreement for you to sign.