



SUBURBAN UTILITY SUPERINTENDENTS ASSOCIATION

2019 MEMBERSHIP APPLICATION

Work Contact Information :

Name _____

Title _____

Employer _____

Address _____

Phone _____

Fax _____

Cell _____

Email _____

Please share your suggestions for future One-Day SUSA School training topics:

Annual Registration Fee: \$125

** membership for the calendar year*

Make checks payable to: "SUSA"

**Federal Tax ID 61-1503747*

501c(6) organization

Send the application and fee to: **SUSA Treasurer
C/O Dave Lemke
5500 International Parkway
New Hope, MN 55428**

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