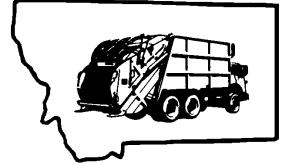


MONTANA SOLID WASTE CONTRACTORS

Associate Membership Application



APPLICANT INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Additional Contact Info _____

COMPANY RESUME

Nature of Business _____

Principal Market Area _____

Services Offered _____

Name of Person Completing Application _____

Title _____

Signature of Applicant

Date

PAYMENT

■ **Annual Membership Fee: \$295**

**Please make checks payable to
Montana Solid Waste Contractors**

And return a copy of this application to MSWC at:
36 S. Last Chance Gulch, Suite A, Helena, MT 59601

Phone: 406.443.1160

Fax: 406.443.4614

Email: sweingartner@rmsmanagement.com

Website: www.mswc.org