



***GMDA New Member Contact and Registration
Groundwater Management Districts Association***

Member Information (Please fill in blanks as available):

First/Last Name: _____

Organization: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Mobile: _____

Please Confirm your membership level. My membership level is:

_____ District (\$500)

_____ Organizational (\$400)

_____ Affiliate (\$250)

_____ Individual (\$50)

Please make checks payable to the Groundwater Management Districts Association. I have enclosed a check for \$ _____. Please Mail this form and check to:

**Groundwater Management
Districts Association
PO Box 83581
Lincoln NE 68521**

Please return this form with your payment

Send any questions or comments to gmdausainfo@gmail.com