

CIA MEMBERSHIP APPLICATION

Date: _____

Company: _____

Street Address: _____ Mailing Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Web Site: _____

President/Owner/Partner: _____ Company Contact Person: _____

Certifications: _____

Check Appropriate line for Membership category:

_____ **Regular** – Irrigation Contractors. \$150

_____ **Associate** – Manufacturer, Distributor, Supplier \$250

_____ **Allied** – Manufacturers Representatives who sell only to suppliers, employees of Associates \$100

_____ **Supporting** – Education, Government Representatives and employees of member contractors, students . \$25

Send this application along with your check to: **Carolinas Irrigation Association, PO Box 309, Willow Spring, NC 27952**

For more information call Ron Gelvin, Executive Director at 919-557-5474 or visit our website www.carolinasirr.org

Be Active. Volunteer! Your participation in the Association is welcomed!

Please feel free to volunteer by indicating your interest:

I would like to serve as: _____ Board Member _____ Committee Member



CODE OF ETHICS

Pledged to Professional Design, Installation, and Service

This Code of Ethics had been adopted by the North Carolina Irrigation Contractors' Licensing Board to promote and maintain the highest standards of irrigation installation and conduct among its members.

We recognize the need to provide service in a professional manner and to deal with the public and our colleagues with integrity. We, therefore, agree to the following creed in fulfilling our obligations:

- to follow Minimum Standards (MS) in irrigation design, installation, and service and to promote Best Management Practices (BMPs) adopted by the NCICLB
- to be environmentally responsible with design, installation, and service
- to adhere to local, state, and federal laws that apply to the irrigation industry
- to promote water conservation practices on a continual basis
- to support temporary measures for sensible water use during water shortages
- to maintain professional competence through continuing education
- to report violations to this Code of Ethics

Signature Required: _____ Date: _____

Company Owner or Contact Person