



CAROLINAS IRRIGATION ASSOCIATION
2019-20 MEMBERSHIP
SUPPORTING & STUDENT/FACULTY APPLICATION

Check Appropriate Box for Membership Category:

- \$0** **Student/faculty** members are educators and/or full-time students
- \$50** **Supporting members** are employed with a not-for-profit, state-run organization or municipalities engaged in administration, formulation or enforcement of laws, regulations or ordinances relating to irrigation and land use management.

Company Name _____

Key Contact/Member Name: _____

Mailing Address: _____

City/State/Zip: _____

Company _____ Phone: _____

Website: _____

Email: _____

Payment Information

Amount enclosed \$ _____

Method of Payment: Check VISA MasterCard AMEX

Credit Card # _____ Expiration Date _____

Security Code # (AMEX) _____ Last 3 digits from number on back of card (VISA/MC) _____

Name on Card _____ Signature _____

Billing Address (include City State & Zip) _____

Code of Ethics

This code of ethics for the members of the **Carolinas Irrigation Association** has been adopted to promote and maintain the highest standards of irrigation installation and conduct among its members.

As members of the **Carolinas Irrigation Association**, 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 promote the purposes and objectives of the **Carolinas Irrigation Association**.
- To promote and maintain the standards of installation of this Association.
- To be environmentally responsible with design and installation.
- To use only quality products for irrigation installation and service.
- To adhere to local, state and federal laws that apply to the irrigation industry.
- To maintain professional competence through continuing education.
- To act with integrity in financial matters with colleagues, employees and clients.
- *To act with integrity in matters of personnel recruitment respecting other colleagues and fellow members.*
- To support fellow members of the **Carolinas Irrigation Association**.

Signature: _____

Title: _____

Company: _____

Date: _____

Adopted by the CIA Board of Directors 10/9/97; rev. 8/19/99; Board rev. 8/30/01

Send this application along with your check to:

Carolinas Irrigation Association, 8280 Willow Oaks Corporate Drive, Suite 400, Fairfax, VA 22031

or fax with credit card information to 703.536.7019.

For more information or questions, call the CIA office at 703.536.7080.