



**CAROLINAS IRRIGATION ASSOCIATION
MEMBERSHIP APPLICATION
SUPPORTING & STUDENT/FACULTY**

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,

PO Box 252

Wake Forest, NC 27588

For more information or questions, email us at info@carolinasirr.org

or call the CIA office at 919.495.4304.