



National Federation of Group Water Scheme

Society Limited

Website: www.nfgws.ie

Affiliation Application Form National Federation of Group Water Schemes

Group Water Scheme: _____

County: _____ NFGWS Ref. No. _____

GWS Corporate Status: _____ Registered No: _____

Please confirm corporate status and registered number if not already entered above.

Contact Person: _____ Position: _____

Address: _____

E-mail address: _____ Eircode: _____

Landline phone no.: _____ Mobile: _____

Type (s) of Source / Supply: *(tick appropriate box)*

Private Source: Type (s) of private source (s): _____

Please state numbers and types of sources: Boreholes, Springs, Rivers, Lakes, etc

Public Supply: Name of Public Supply: _____

Water treatment facilities: *(tick appropriate box)*

GWS operated: DBO Contractor: Other Service Provider: None:

Type (s) of treatment: _____

Please enter treatment types or indicate any change

Group Water Scheme connections & metering:

Total number of connections: Domestic: _____ Non domestic: _____

Number of connections metered: Domestic: _____ Non domestic: _____

Affiliation Fee Details:

Number of Domestic Connections on Scheme: _____

Affiliation fee due @ **€6.00 per Domestic Connection**: € _____

Signed: _____ Position: _____