



## Wisconsin Wastewater Operators' Association, Inc. Membership

I hereby apply for individual membership in the Wisconsin Wastewater Operators' Association, Inc., and request that I be classified as an Active Member

Date of Application: \_\_\_\_\_

My check for Fifty Dollars (\$50.00) for two (2) year membership (1 year membership is not available) is attached. Student Member—two (2) year membership renewable one time if enrolled in a four (4) year program (\$25.00) or a two (2) year program at a Technical College and a copy of student ID. **Make checks payable to WWOA.**

Please keep a copy of this application form for your records.

**Note: To avoid errors, please clearly print or type name, address, zip, and firm name (if applicable)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Firm/Company/Affiliation: \_\_\_\_\_

Work Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Affiliation: Sanitary District, Utility, Town or Business: \_\_\_\_\_

Check Appropriate Box:                      Certified Operator (DNR Operator Certification #) \_\_\_\_\_

Consultant                      DNR                      Educator                      Manufacturers' Rep                      Operator

Retired                      Student                      Supervisor                      Other (explain) \_\_\_\_\_

Home Phone (optional): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (optional): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

This application is recommended by:

(Member Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Send payment to:

**Wisconsin Wastewater Operators' Association**  
**7044 S. 13th Street**  
**Oak Creek, WI 53154**  
[wwoa\\_membership@wwoa.org](mailto:wwoa_membership@wwoa.org)

Master Card	VISA	Discover
Name: _____		
Card #: _____		
Exp. Date: _____		