



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
PO Box 451
Baraboo, WI 53913-0451

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