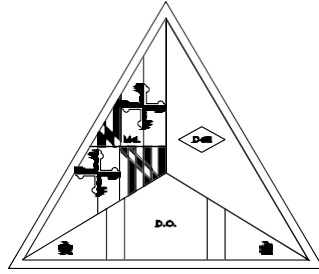


Membership



Application

The Water and Waste Operators Association of Maryland, Delaware and District of Columbia

Professionals dedicated to improving the quality of the environment through the advancement of knowledge.

Dear Prospective Member:

WWOA will once again maintain dues for the **2017** membership year at \$20 for Active and Non-Resident Members, and \$50 for Associate Members. (*Associate members are defined as any individual, company or corporation or representative thereof engaged in the manufacture and sale of equipment for water, wastewater, and industrial wastes.*)

Please note that \$10 from your annual dues will go directly to your designated Local Section; the remaining \$10 covers all the administrative costs of the Association and your subscription to the EcoLetter.

For group renewals, or to pay by check, please complete the form on the back of this page, and remit with payment (payable to WWOA) to:

Administrator

PO Box 279

Tilghman, MD 21671

If you are returning this form, please be sure to copy both sides of the application for your records!

Remember to visit the WWOA web site www.wwoa.net for the latest association news and events.

If you have any questions regarding this membership application, please contact us at info@wwoa.net.

2017 APPLICATION INFORMATION - PLEASE READ ENTIRE APPLICATION CAREFULLY!

- 1) Please select a membership type:
 _____ **ACTIVE (\$20.00)** those residing or working in the Maryland, Delaware or District of Columbia areas (you do not have to be certified).
 _____ **NON-RESIDENT (\$20.00)** those residing or working outside of those areas (*non-voting members*).
 _____ **ASSOCIATE (\$50.00)** architectural/engineering consultants or those engaged in the manufacture or sale of equipment, products or services for water, wastewater, industrial wastes, or solid waste systems.
- 2) **Education Fund Contribution \$_____.** You may make a tax deductible charitable contribution to WWOA for its Education Fund. Your contribution will be used to provide training resources and educational materials to members. Should you choose to donate, please fill in an amount in the space provided. All donations will be gratefully acknowledged.
- 3) Please check here if you are a full-time retiree (not currently employed in the water or wastewater fields). _____
- 4) Please check if you are a member of: Chesapeake WEA _____ PWO _____ Chesapeake Section AWWA _____
- 5) From time to time the Association may make its mailing list available to partnering organizations, or representatives of the manufacturing, distributing or service industries.

*If you **DO** want your name and address to be released, please check here. OPT IN*

Please provide the following information – applications will NOT be processed without a current email address:

Name	
Company	
Address Ln. 1	
Address Ln. 2	
City, State, Zip	
Work Phone	
Email	
*Section	
**Primary Interest	
Certified Operator?	(Please note which state)
Retired?	
Past Member?	(Please note dates)

***Section:**

C = CENTRAL Section if you reside or work in the District of Columbia, or the Maryland counties of Anne Arundel, Baltimore City or County, Harford, Howard, Montgomery or Prince George's.

E = EASTERN SHORE Section if you reside or work in the state of Delaware, or in the Maryland counties of Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, or Worcester.

S = SOUTHERN MARYLAND Section if you work or live in the Maryland counties of Calvert, Charles or St. Mary's.

W = WESTERN MARYLAND Section if you reside or work in the Maryland counties of Allegany, Carroll, Frederick, Garrett or Washington.

Non-resident members should select the section nearest to them. Associate members are automatically affiliated with all four sections.

****Primary area of interest:** 1 = Water 2 = Distribution 3 = Wastewater
 4 = Collection 5 = Industrial Waste 6 = Biosolids 7 = Laboratories

Please send your completed application along with a check or money order for the appropriate amount, payable to **WWOA**, to: Administrator, PO Box 279, Tilghman, MD 21671
 Please print clearly or type. Please return the entire application with payment.