2016 WOWRA MEMBERSHIP APPLICATION

STOP! For faster service and to pay by credit card, please register & pay on-line at www.wowra.com.

MEMBERSHIP RATES

PLEASE NOTE: *Approximately 25% of your annual WOWRA dues are spent on lobbying related issues. This 25% may not be deducted from your taxes as a business expense. Please contact your tax consultant for further information.*

$230 (1 person)	**$115 (unlimited)**	**$75 (State dues only)**	**$110 (State + NOWRA Dues)**
Full Member	Employees of a Company with a Full WOWRA member.	Govt. Personnel or those with indirect interest in the onsite industry.	Govt. Personnel or those with indirect interest In the onsite industry.

Full Member: This person will be listed first on all publications. **Please note any edits (print clearly).**

Name: _____

Company Name: _____

Member Type: _____   Rate: $_____

Address: _____   City/State/Zip: _____   County: _____

Phone: _____   Fax: _____

Email: _____   Website: _____

Circle the counties you work in. *Needed for Website Directory.*

Adams	Calumet	Door	Grant	Juneau	Manitowoc	Oconto	Portage	Sawyer	Washburn
Ashland	Chippewa	Douglas	Green	Kenosha	Marathon	Oneida	Price	Shawano	Washington
Barron	Clark	Dunn	Green Lake	Kewaunee	Marinette	Outagamie	Racine	Sheboygan	Waukesha
Bayfield	Columbia	Eau Claire	Iowa	La Crosse	Marquette	Ozaukee	Richland	Taylor	Waupaca
Brown	Crawford	Florence	Iron	Lafayette	Menominee	Pepin	Rock	Trempealeau	Waushara
Buffalo	Dane	Fond du Lac	Jackson	Langlade	Milwaukee	Pierce	Rusk	Vernon	Winnebago
Burnett	Dodge	Forest	Jefferson	Lincoln	Monroe	Polk	Saint Croix	Vilas	Wood
							Sauk	Walworth	**ALL COUNTIES**

Services Provided *(Check all the apply):* ☐ Installer ☐ Pumper ☐ Designer ☐ Inspector

☐ Regulator ☐ Educator ☐ Soil Scientist ☐ Soil Tester ☐ Excavator ☐ Manufacturer ☐ Supplier ☐ POWTS Evaluator

☐ POWTS Maintainer ☐ Plumber ☐ Surveyor ☐ Other: _____

Additional Member #1: (Please list any additional members on separate sheet with all contact information)

Name: _____   Email: _____   Membership Rate: $____115____

Phone: _____   Fax: _____   Website: _____

Counties you work in: _____

Additional Member #2:

Name: _____   Email: _____   Membership Rate: $____115____

Phone: _____   Fax: _____   Website: _____

Counties you work in: _____

Additional Member #3:

Name: _____   Email: _____   Membership Rate: $____115____

Phone: _____   Fax: _____   Website: _____

Counties you work in: _____

Total Due: First WOWRA Membership $ _____ + $_____ (_____ Additional WOWRA Memberships @ $115 each) =

☐ Check enclosed (Payable to WOWRA)   **TOTAL Amount: $ _____**

Please mail to 2830 Agriculture Drive, Madison, WI 53718