

2017 WOWRA MEMBERSHIP APPLICATION

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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) Full Member	\$115 (unlimited) Employees of a Company with a Full WOWRA member.	\$75 (State dues only) Govt. Personnel or those with indirect interest in the onsite industry.	\$110 (State + NOWRA Dues) Govt. Personnel or those with indirect interest In the onsite industry.
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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 2820 Walton Commons, Suite 103, Madison, WI 53718