



Indiana Onsite Waste Water Professionals Association Membership Application

Please print clearly in black or blue ink

Name: _____
Company: _____
Address: _____
City: _____ **St:** _____ **Zipcode:** _____
Phone: _____ **Cell:** _____
Email: _____ **Website:** _____

Please check all that apply:

<input type="checkbox"/> Academic/Educator	<input type="checkbox"/> Installer	<input type="checkbox"/> Registered Sanitarian	<input type="checkbox"/> Student
<input type="checkbox"/> Builder/Developer	<input type="checkbox"/> Laboratory Services Provider	<input type="checkbox"/> Researcher	<input type="checkbox"/> System Designer
<input type="checkbox"/> Compliance Monitor	<input type="checkbox"/> Maintenance Provider	<input type="checkbox"/> Service Provider	<input type="checkbox"/> System Inspector
<input type="checkbox"/> Consulting Engineer	<input type="checkbox"/> Operation/Maintenance	<input type="checkbox"/> Site Evaluator	<input type="checkbox"/> Tank Manufacturer/Supplier
<input type="checkbox"/> Contractor	<input type="checkbox"/> Operator	<input type="checkbox"/> Soil Evaluator	<input type="checkbox"/> Vendor/Product Supplier
<input type="checkbox"/> Environmentalist	<input type="checkbox"/> Other Interested Party	<input type="checkbox"/> Soil Scientist	<input type="checkbox"/> Waste Transporter
<input type="checkbox"/> Equipment Manufacturer	<input type="checkbox"/> Pumper	<input type="checkbox"/> Soil Tester	<input type="checkbox"/> List all counties where you
<input type="checkbox"/> Government/Regulatory Official	<input type="checkbox"/> Realty/Mortgage Service Provider	<input type="checkbox"/> Statewide	work below or on back of ap

Installers: List counties where you work _____

Health Departments: Do installers need to be certified? _____ Do you accept IOWPA's certification? _____ List all certifications that you accept: _____

Member dues options:

- _____ **Individual \$75**
- _____ **Student \$30**
- _____ **Corporate \$175 (includes all employees) please include list of names**
- _____ **County Health Department – Free Membership, up to three per county**

Dues will be paid through December 31st

Date paid: _____ Check # _____

IOWPA TID# 35-2117834
Make Checks payable to: Indiana Onsite Wastewater Professionals Association
 7915 S Emerson Ave., Ste. 132 Indianapolis, IN 46237
 Phone (317)965-1859 * FAX (317)534-3460
 www.iowpa.org

*Member agrees and allows IOWPA to fax or email association and industry related information.