



Indiana Onsite Wastewater Professionals Association Membership Application 2023

Please print clearly in black or blue ink

Name: _____
Company: _____
Address: _____
City, State: _____ Zip Code: _____
Phone: _____ Cell: _____
Email: _____

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"/>
<input type="checkbox"/> Government/Regulatory Official	<input type="checkbox"/> Realty/Mortgage Service Provider	<input type="checkbox"/> Statewide	

Counties in which you work _____

Member dues options:

_____ Individual - \$75

_____ Corporate - \$175 (includes all employees) please include a list of names and email addresses with your check

_____ Health Department - \$75 for every person beginning in 2023

***** PLEASE NOTE OUR NEW ADDRESS *****

Make checks payable to

IOWPA

1000 Main Street
Anderson, IN 46016