



**MASSACHUSETTS WATER POLLUTION CONTROL ASSOCIATION, INC.**

**APPLICATION FOR MEMBERSHIP**

Membership Period: *July 1st. – June 30<sup>th</sup>*

Membership Fee: \$40.00

**1) Personal Information:**

State Certification # \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check here if you are renewing. MWPCA ID # \_\_\_\_\_

**2) Employment Information:**

**a) Professional Information:**

Your Title: \_\_\_\_\_ Certification Grade: \_\_\_\_\_ State: \_\_\_\_\_

Position Class: Operator (OP): \_\_\_\_\_ Chief Operator/Superintendent (CO): \_\_\_\_\_

Laboratory (LB): \_\_\_\_\_ Collection System (CS): \_\_\_\_\_ Maintenance (MN): \_\_\_\_\_

Vendor/Consultant (VN): \_\_\_\_\_ Regulatory Agency (RA): \_\_\_\_\_ Other (OT): \_\_\_\_\_

**b) Facility/Company Information:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address \_\_\_\_\_

**3) Please send your completed Application for Membership Form and check (made payable to M.W.P.C.A.) to:**

**Massachusetts Water Pollution Control Association, Inc.  
P.O. Box 221  
Groveland, MA 01834**

**Active Membership Dues: \$40.00. Questions: Please contact MWPCA at 781-939-0918 or John Connor at 978-374-0170.**