



MASSACHUSETTS WATER POLLUTION CONTROL ASSOCIATION, INC.

2012 APPLICATION FOR MEMBERSHIP

Membership Period: July 1st. – June 30th

Membership Fee: \$40.00

1) Personal Information:

Please check here if you are renewing. MWPCA ID # _____
First Name: _____ M.I.: _____ Last: _____
Street: _____
City/Town: _____ State: _____ Zip: _____
Telephone # _____ E-mail: _____

2) Employment Information:

Title: _____ Certification Grade: _____ State: _____ State Certification # _____
Company/Facility Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Telephone # _____ E-mail: _____

a) What is the nature of your ORGANIZATION? (Circle one only)

- 1. Municipal/district Water and Wastewater Systems/Plants
2. Municipal/district Wastewater Only Systems/Plants
3. Municipal/district Water Only Systems/Plants
4. Industrial Systems/Plants (Manufacturing, Processing, Extraction)
5. Consulting/Contracting Firm (e.g., Engineering, Contracting and Environmental)
6. Government Agency (e.g., U.S. EPA, State Agency, etc.)
7. Research or Analytical Laboratories
8. Educational Institution (Colleges and Universities, libraries)
9. Manufacturer of Water/Wastewater Equipment or Products
10. Water/Wastewater Product Distributor or Manufacturer's Rep.
11. Other (please specify) _____

b) What is your Primary JOB FUNCTION? (Circle only one)

- 1. Upper or Senior Management (e.g., President, Owner, Director, General Manager, Mayor, etc.)
2. Engineering, Laboratory and Operations Management (e.g., Superintendent, Manager, Section Head, Department Head, Chief Engineer, etc..)
3. Engineering and Design Staff (e.g., Consulting, Civil, Mechanical, Chemical or Planning Engineer, etc.)
4. Scientific and Research Staff (e.g., Chemist, Biologist, Analyst, Lab Technician, etc.)
5. Operations (e.g., Shift Supervisor, Foreman, Plant Operator, Service Rep, Collection Systems Operator, etc.)
6. Purchasing/Marketing/Sales (e.g., Purchasing, Sales Person, Market Rep or Analyst, etc.)
7. Educator (e.g., Professor, Teacher, etc.)
8. Student
9. Other (please specify) _____

4) How many years have you worked in the industry? (Circle only one)

- 1. 1-5 2. 6-10 3. 11-20 4. 21-30 5. >30 years

5) Year of Birth: _____

Please send your completed Application for Membership and payment (made payable to MWPCA) to:

Massachusetts Water Pollution Control Association, Inc.
P.O. Box 60
Rochdale, MA 01542
Fax to : 774-670-9956

Questions: Please contact MWPCA at 781-939-0918 or Lynn Foisy at 774-276-9722.

Revised 1/1/2012