

Massachusetts Water Pollution Control Association, Inc.
Application for Membership and Annual Dues

(Fill in all requested information)

1. New Member _____ Renewal _____ MWPCA # _____ State Certification # _____

2. Member Class: Active _____ Corporate _____

3. Personal Data:

Name: First _____ M.I. _____ Last _____

Street: _____

City/Town: _____ State: _____ Zip: _____

Telephone # _____ e-mail address: _____

4. Professional Information:

Your Title: _____ Certification Grade: _____ State: _____

Position Class: OP _____ CO _____ LB _____ CS _____ MN _____ VN _____ RA _____ OT _____

5. Facility/Company Information

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Fax # _____

E-mail address _____

6. Attach the completed Membership Application Form along with a check made out to "M.W.P.C.A." and send to:

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

DIRECTIONS FOR COMPLETING FORM

1. New Member or Renewal - Check appropriate box. Fill in date. Fill in **MWPCA** and **State Certification Numbers**

2. **Member Class:** Check appropriate box. **Active:** Any person who pays dues and is actively engaged in any phase of Water Pollution Control. **Fee \$30.00**

Corporate: Firm, institution, or agency interested in the objectives of the Association. A Corporate membership is entitled to **one member**, whose name can be changed upon written request to the Secretary Treasurer, and a listing in Corporate Sponsors. **Fee \$100.00.**

3. Personal Data - Please print. Include ZIP CODE, Telephone #, and E-mail address.

4. Work / Company Related Information. - **Complete as requested.**

Position Class:

OP – Operator	CO - Chief Operator/Superintendent
LB – Laboratory	CS - Collection System
MN – Maintenance	VN - Vendor/Consultant
RA - Regulatory Agency	OT - Other

Membership Period: July 1st. – June 30th