"MEMBERSHIP INFORMATION FORM"

Washington State Ground Water Association { WSGWA }
P O Box 813 – Burlington, Washington 98233-0813
Telephone: (360) 757-1551 Fax: (360) 757-7353 E-mail: dahlman@nwlink.com Web site: www.wsgwa.org

By becoming a member of WSGWA, you and your business stand to benefit in many ways. Your **membership** further demonstrates your commitment to high industry standards and your sincere desire to continually provide quality **water resources** to your valued customer base. Please complete your membership information form below. ***FIRST***...make your membership selection from the WSGWA *membership categories* as described in "A" through "F". Select the specific category that best describes your specific trade affiliation and *write in* **your specific membership category here (_____).**

A. **Drilling Contractor** *and / or* **Water Systems Pump Contractors.**
Annual Association Dues...$250.00. Initiation Fee {first year only}...$50.00. Total first year Association Dues...**$300.00.**

B. **Subordinate Company Officer** {any person who is an officer or partner of a firm that already holds a WSGWA *Drilling Contractor Membership}.* Annual Association Dues {each person}...**$200.00.**

C. **Employee-Driller / Pump Installer** {any person legitimately employed as a driller, pump installer, service person, or a bonafide student / apprentice. Annual Association Dues {each person}...**$35.00.**

D. **Manufacturers and Suppliers** {M&S}. Annual Association Dues...$250.00. Assessment for M&S – hosted *Social Hour* at the Annual Convention...$15.00. Total Annual Association Dues...**$265.00.**

E. **Technical Associate** {any individual or company engaged in an occupation or profession pertaining to investigation, Supervision, regulation, or protection of ground water}. Annual Association Dues...**$50.00.**

F. **Associate Member** {any person or firm who has an interest in the ground water industry – *and* who is not eligible for membership in any other category}. Annual Association Dues...**$50.00.**

SECOND...please carefully complete the following information.

Your First and Last Name _____ Your firm's full name _____ Position held with your firm _____

Your complete mailing address _____ City – or – Town _____ Zip Code _____

(____) _____ - _____ Business telephone number (____) _____ - _____ Fax number E-mail address _____

Drilling License # _____ Contractors License # _____ Pump Installers License # _____

Please describe your scope of work _____

Name of person who recommended you to become a member of WSGWA. Enter name if applicable _____

$_____ **Amount enclosed** with check or to be applied to credit card.

Name of Person or Entity Printed on Credit Card _____

Credit Card Type: O VISA O MasterCard

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ - _____ - _____ (mm/dd/yy)

CVV2, Signature Panel Code _____ (Last 3 digits of the number located on the signature strip on back of the card)

Signature of New Member / Cardholder ✘ _____

"Washington State Ground Water Association"...where *every single member* ***Counts***.