



APPLICATION FOR MEMBERSHIP

Name: _____ Title: _____

Organization/Company: _____

BUSINESS ADDRESS *(for all mailings and directory listing)*

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

Website Address: _____

HOME ADDRESS *(not required, if you want mailings, such as the newsletter, to be sent to your home – filling in the fields below. The directory will, however, indicate your business address.)*

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

Website Address: _____

Send completed application with a \$15.00 check made payable to CPWQA to:

Central Pennsylvania Water Quality Association

P.O. Box 505

Mechanicsburg, PA 17055

Are you interested in serving on a committee? Yes No