

CPWQA MEMBERSHIP APPLICATION

Complete this application and submit with a check (payable to CPWQA) to the address at the bottom of the page.

Questions regarding your membership may be directed to:

Marykay Steinman, Administration Management Assistant, at (717) 732-2707 or info@cpwqa.org

NAME:			PHONE	:
COMPANY:			_ EMAIL:	:
ADDRESS:	RESS:		LICENSES & REGISTRATIONS	
		PROFESSIONAL	PROFESSIONAL ENGINEER: [] YES [] NO	
			OPERATOR:	S LICENSE: [] YES [] NO
	PA DEP CLIENT ID NO.:		ID NO.:	
ADDITIONAL MEMBI	ER INFORMATION			
FULL-TIME STUDENT: [] YES [] NO			ACADEMIC INSTITUTION:	
BIRTH YEAR (OPTIONAL):				
ARE YOU INTERESTED IN RECEIVING INFORMATION ON YOUNG PROFESSIONALS EVENTS? [] YES [] NO WOULD YOU PREFER TO RECEIVE INFORMATION ELECTRONICALLY VIA EMAIL? [] YES [] NO PLEASE CHECK ALL THE CATEGORIES THAT BEST DESCRIBES YOUR JOB RESPONSIBILITIES:				
[] Management	[] Operations	[] Engineer	[] Consultant	[] Sales [] Manufacturing
[] Maintenance	[] Biosolids	[] Collections	[] Laboratory	[] Educator (at)
[] Regulator (County, State, Federal)			[] Equipment Insta	allation, Start-Up & Service
[] Other (Please Sp	ecify)		_	

ANNUAL DUES ARE \$35.00

PLEASE include your email address on this application as we will be implementing electronic distribution of announcements and other information.

After joining the CPWQA, you will recieve periodic notices of meetings, WWTP Tours, and other events. You will also receive a quarterly Newsletter.

NOTE:

PLEASE PROVIDE YOUR EMAIL ADDRESS WHENEVER POSSIBLE. CPWQA WILL BEGIN ELECTRONIC DISTRIBUTION OF INFORMATION.

MAIL COMPLETED MEMBERSHIP APPLICATION AND CHECK FOR DUES TO:

CPWQA P.O. BOX 705 HERSHEY, PA 17033-0705