

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	i:		
COMPANY:			CELL PHONE:	:		
ADDRESS:	BUSINESS	S HOME		:		
			LICENSES & REGIST	LICENSES & REGISTRATIONS		
			PROFESSIONAL OPERATOR	ENGINEER: [] YES	•	
			PA DEP CLIENT	ID NO.:		
ADDITIONAL MEMB	ER INFORMATION					
FULL-TIME STUDENT: [] YES [] NO BIRTH YEAR (OPTIONAL):			ACADEMIC INSTITUTION:			
	PLEASE CHECK ALL 1	THE CATEGORIES THAT	BEST DESCRIBES YOU	R JOB RESPONSIBILITIES	S:	
[] Management	[] Operations	[] Engineer	[] Consultant	[] Sales	[] Manufacturing	
[] Maintenance	[] Biosolids	[] Collections	[] Laboratory	[] Educator (at)		
[] Regulator (County, State, Federal)			[] Equipment Installation, Start-Up & Service			
[] Other (Please Sp	ecify)		_			
			PLEASE be	e sure to includ	le vour email	

ANNUAL DUES ARE \$35.00

PLEASE be sure to include your email address on this application as all announcements and other information is distributed electronically.

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

MAIL COMPLETED MEMBERSHIP APPLICATION AND CHECK FOR DUES TO:

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