



## Indiana Onsite Waste Water Professionals Association Membership Application

*Please print clearly in black or blue ink*

**Name:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

Please check all that apply:

<input type="checkbox"/> Academic/Educator	<input type="checkbox"/> Installer	<input type="checkbox"/> Registered Sanitarian	<input type="checkbox"/> Student
<input type="checkbox"/> Builder/Developer	<input type="checkbox"/> Laboratory Services Provider	<input type="checkbox"/> Researcher	<input type="checkbox"/> System Designer
<input type="checkbox"/> Compliance Monitor	<input type="checkbox"/> Maintenance Provider	<input type="checkbox"/> Service Provider	<input type="checkbox"/> System Inspector
<input type="checkbox"/> Consulting Engineer	<input type="checkbox"/> Operation/Maintenance	<input type="checkbox"/> Site Evaluator	<input type="checkbox"/> Tank Manufacturer/Supplier
<input type="checkbox"/> Contractor	<input type="checkbox"/> Operator	<input type="checkbox"/> Soil Evaluator	<input type="checkbox"/> Vendor/Product Supplier
<input type="checkbox"/> Environmentalist	<input type="checkbox"/> Other Interested Party	<input type="checkbox"/> Soil Scientist	<input type="checkbox"/> Waste Transporter
<input type="checkbox"/> Equipment Manufacturer	<input type="checkbox"/> Pumper	<input type="checkbox"/> Soil Tester	<input type="checkbox"/> List all counties where you
<input type="checkbox"/> Government/Regulatory Official	<input type="checkbox"/> Realty/Mortgage Service Provider	<input type="checkbox"/> Statewide	work below or on back of ap

Installers: List counties where you work \_\_\_\_\_  
 \_\_\_\_\_

Health Departments: Do installers need to be certified? \_\_\_\_\_ Do you accept IOWPA's certification? \_\_\_\_\_ List all certifications that you accept: \_\_\_\_\_  
 \_\_\_\_\_

### Member dues options:

\_\_\_\_\_ **Individual \$75**  
 \_\_\_\_\_ **Student \$30**  
 \_\_\_\_\_ **Corporate \$175 (includes all employees) please include list of names**  
 \_\_\_\_\_ **County Health Department – Free Membership, up to three per county**

**Dues will be paid through December 31st**

Date paid: \_\_\_\_\_ Check # \_\_\_\_\_

\*IOWPA TID# 35-2117834\*  
**Make Checks payable to:** Indiana Onsite Wastewater Professionals Association  
 7915 S Emerson Ave., Ste. 132 Indianapolis, IN 46237  
 Phone (317)889-2382 \* FAX (317)889-3935  
 www.iowpa.org info@iowpa.org

\*Member agrees and allows IOWPA to fax or email association and industry related information.