



# 2008 Membership Application

## CALIFORNIA ONSITE WASTEWATER ASSOCIATION

Box 6146, Santa Rosa, CA 95406 Phone 707/579-4882 Fax 707/579-0117 web site: www.cowa.org

COWA is the strong voice for those involved in the field of decentralized onsite wastewater treatment and management. This includes research, planning, design, installation, operation, monitoring, maintenance, regulation, manufacturing and sales. Your support will help COWA to maintain its important role in the representation of all onsite wastewater interests and the development and delivery of up-to-date training and education. Your involvement is important and will yield dividends back to you and your business and includes membership in the National Onsite Wastewater Recycling Association (NOWRA).

### Company / Corporate Minimum Dues: \$330 - up to 3 Employees \$70 each thereafter

Number of Employees:	Up to 3	4	5	6	7	8	9....
Amount Due:	\$330	\$400	\$470	\$540	\$610	\$680	\$750

### Public Agency Minimum Dues: \$330 - Up to 3 Employees \$55 each thereafter

Number of Employees	Up to 3	4	5	6	7	8	9 ...
Amount Due	\$330	\$385	\$440	\$495	\$550	\$605	\$660

### Individual Dues - \$135 Student/Retiree - \$80

Amount Enclosed: \$\_\_\_\_\_ for \_\_\_\_\_ member(s) as shown below and on the Membership Info Sheet

Payment Type: Check (Check No. \_\_\_\_\_) Payable to COWA or Credit Card: (circle one) VISA or MC

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Complete application and mail with check to address shown. You may FAX credit card applications

### MEMBERSHIP INFORMATION:

Circle your classification: Public Agency Corporation/Company Individual Student Retiree

### Primary Contact

Date \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Degrees/Certifications (i.e. Engineer, REHS) \_\_\_\_\_

Agency/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Enter the e-mail address and phone, fax #s carefully to facilitate future electronic correspondence

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mark **four** categories below to rate your involvement in the onsite wastewater industry: 1 = best 4 = least. We use these to answer inquiries about various services.

Academic  Compliance Monitor  Contractor  Designer  Engineer  Inspector  Installer  
 Maintenance  Operator  Pumper  Service Provider  Site Evaluator  Soil Scientist  
 Regulator  Manufacturer  Research  Supplier  Sales  Student  Retired  
 Other \_\_\_\_\_

### For other employee members, use the Membership Information Sheet or attach another page showing same contact information as above.

Your membership indicates your approval of and request to receive electronic communications from COWA. If you wish to opt out of this service notify the COWA office.

If a COWA member has encouraged your membership show them here -COWA Sponsor \_\_\_\_\_

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**MEMBERSHIP INFORMATION SHEET**

**Please enter the phone, fax and especially the e-mail address carefully to facilitate future electronic correspondence**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Degrees/Certifications (i.e. Engineer, REHS) \_\_\_\_\_

Agency/Company  Same \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ e-mail \_\_\_\_\_

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