



TOWA

PO Box 885 - Bridge City TX 77611 - Phone 409 718-0645 Fax 409 735-6729

Please complete this membership application, return by mail along with your dues check or complete the credit card info and return by fax.

MEMBERSHIP APPLICATION/RENEWAL FORM (2017) 25th Anniversary Special Rates

All Individual Membership levels are listed by Name on TOWA website. Corporate Members are listed by Company Name on TOWA website and Name

✓ Step 1 - Mark the correct TOWA Membership Category that best describes your company (mark only ONE category):

- Engineer Academic Installer Regulator
- Designer Soil Scientist Maintenance Provider Manufacturer
- Sanitarian Pumper Supplier/Wholesaler

✓ Step 2 - Mark the TOWA Local Chapter you would like to join (OPTIONAL):

- Alamo (San Antonio) East Texas (Tyler \$25) North Central (Waxahachie)
- Brazos Valley (Bryan) Heart of Texas (Waco \$20) Three Rivers (Conroe \$30)

✓ Step 3 - Mark the appropriate Membership Level that best suits your needs (mark only ONE level):

- Corporate Membership Dues (in addition to this page please complete pages 2 & 3 and return with your application) = **\$125.00**
- Premium Membership Dues (Voting Member & 2017 Conference) = **\$95.00 By 12/31/16 After 01/01/17 - 2/15/17 = \$125.00 After 2/16/17 = \$145.00**
- Standard Membership Dues (Voting Member) = **\$ 95.00 if paid 11/01/17 - 12/31/17 it shall be credited to 2018 membership**
- Associate Membership Dues (Non-voting Member) = **\$ 95.00 if paid 11/01/17 - 12/31/17 it will be credited to 2018 membership**

Associate membership is for non industry related individuals who wish to support our organization and corporate membership employees.

✓ Step 4 - Complete the following membership information (Company information section* is for Corporate Membership ONLY):

*Company: _____ Website: _____

Name: _____ (credit card users: name on card & billing address)
Last First MI.

Address: _____
Street / P.O. Box Apt. / Suite

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Ext: _____ Fax: () _____

Cell: () _____ Email: _____ @ _____

OSSF (OS,MP,SI,DR or MT), Sanitarian or P.E. Number for CEU documentation: _____
Complete Number with OS or MP designation if applicable

✓ Step 5 - Complete the following information If using Credit/Debit Card:

Card #: _____ Expiration Date: _____ (MM/YY)

CID #: _____ The CID (card identification) number is the (3) digit number printed at the end of the signature panel on the back of VISA and MasterCard, Discover Card is immediately following the credit card number. American Express Card is the (4) digit number printed on the front following the credit card number.

✓ Step 6 - Total Membership Dues, Chapter dues, Sponsor level from this page or all (3) pages (check the appropriate boxes)

Please include your check or Money Order Payable to TOWA and mail to the address above. TOTAL \$ _____

For more information email: randy@txowa.org or call 409 718-0645

Check the box for your preferred method of receiving Ballots and Voting Reminders: Email Fax Mail