

MEMBERSHIP APPLICATION/RENEWAL FORM (2017)

✓ Step 7 - Complete the following EMPLOYEE information: (If necessary use multiple pages)

Associate Member # 1	Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First MI. </div> Cell: () _____ Email: _____ @ _____ OSSF (OS,MP,SI,DR or MT), Sanitarian or P.E. Number for CEU documentation: _____ <div style="text-align: right; font-size: x-small;">Complete Number with OS or MP designation if applicable</div>
Associate Member # 2	Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First MI. </div> Cell: () _____ Email: _____ @ _____ OSSF (OS,MP,SI,DR or MT), Sanitarian or P.E. Number for CEU documentation: _____ <div style="text-align: right; font-size: x-small;">Complete Number with OS or MP designation if applicable</div>
Associate Member # 3	Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First MI. </div> Cell: () _____ Email: _____ @ _____ OSSF (OS,MP,SI,DR or MT), Sanitarian or P.E. Number for CEU documentation: _____ <div style="text-align: right; font-size: x-small;">Complete Number with OS or MP designation if applicable</div>
Associate Member # 4	Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First MI. </div> Cell: () _____ Email: _____ @ _____ OSSF (OS,MP,SI,DR or MT), Sanitarian or P.E. Number for CEU documentation: _____ <div style="text-align: right; font-size: x-small;">Complete Number with OS or MP designation if applicable</div>
Associate Member # 5	Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First MI. </div> Cell: () _____ Email: _____ @ _____ OSSF (OS,MP,SI,DR or MT), Sanitarian or P.E. Number for CEU documentation: _____ <div style="text-align: right; font-size: x-small;">Complete Number with OS or MP designation if applicable</div>
Associate Member # 6	Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First MI. </div> Cell: () _____ Email: _____ @ _____ OSSF (OS,MP,SI,DR or MT), Sanitarian or P.E. Number for CEU documentation: _____ <div style="text-align: right; font-size: x-small;">Complete Number with OS or MP designation if applicable</div>

✓ Step 8 - Total Associate Membership:

Please include the totals from this page with the totals on page 1.
 For more information email: randy@txowa.org or call 409 718-0645

THIS PAGE SUBTOTAL \$ _____

Corporate /Associate Membership Dues	Amount	Details
Corporate Membership	\$125.00	Includes Company and one Voting Membership (check box on pg. 1)
Associate Member # 1	\$50.00	Includes one Non-voting Membership & mailers only
Each Additional Associate Member	\$50.00	Includes one Non-voting Membership & mailers only