



TOWA

201 Stillwater, Ste8, Wimberley, TX 78676 – Email: txowaconference@gmail.com - Fax: 888-394-1123

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

MEMBERSHIP APPLICATION/RENEWAL FORM

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

TOWA Membership is FREE with Conference registration. The TOWA Conference is held annually in March.

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

- | | | | |
|-------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Academic | <input type="checkbox"/> Installer | <input type="checkbox"/> Regulator |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Soil Scientist | <input type="checkbox"/> Maintenance Provider | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Sanitarian | <input type="checkbox"/> Pumper | <input type="checkbox"/> Supplier/Wholesaler | |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Brazos Valley (Bryan, TX) | <input type="checkbox"/> Heart of Texas (Temple, TX) | <input type="checkbox"/> Panhandle (Amarillo, TX) |
| <input type="checkbox"/> Cedar Creek Lake (Mabank, TX) | <input type="checkbox"/> North Central Texas (Waxahachie, TX) | <input type="checkbox"/> Three Rivers (Conroe, TX) |
| <input type="checkbox"/> I would like to start a chapter: _____ | | |

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

- Corporate Membership Dues** (please complete pages 2 & 3 as needed) = **\$125.00**
- Standard Membership Dues** (Voting Member) = **\$ 95.00**
- Associate Membership Dues** (Non-voting Member) = **\$ 95.00**

All Dues received during December will be credited to next year

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) Security Code: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

✓ **Step 6 - Total Membership Dues**

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

TOTAL \$ _____

For more information email: txowaconference@gmail.com

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

- Email Fax Mail

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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; margin-top: -10px;"> 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; margin-top: -10px;"> 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; margin-top: -10px;"> 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; margin-top: -10px;"> 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; margin-top: -10px;"> 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; margin-top: -10px;"> 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: txowaconference@gmail.com

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