



FY 2019 Membership Application Form
July 1, 2018 – June 30, 2019

Please complete the following information for EACH Membership:

Membership Type:

___ Regular \$95/year – includes your NOWRA Membership

___ Associate \$25/year – To be an associate member you must be employed by a regular member in good standing. Associate Members will receive discounts for MOWPA Conferences and Training but will not receive NOWRA Membership or newsletters. If you wish to be an Associate member, please list name and company of original member.

Contact Information

Name: First _____ MI _____ Last _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____

Email Address: _____

Registered Sanitarian: YES / NO If YES, please provide your ID# _____

Please check the Primary Service that you (or your company) provide to for the Onsite Industry:

___ Academic/Educator ___ Engineer/Consultant ___ Government/Regulator ___ Manufacturer/Supplier

___ OSDS Designer ___ OSDS Inspector ___ OSDS Installer ___ OSDS Operator/Maintenance Provider

___ Septic Waste Hauler ___ Other: _____

Payment Information

Amount Enclosed (US\$): \$ _____ Check Enclosed: _____

Paid online (via website) Pay Pay: \$ _____ Credit Card: \$ _____ Date: _____

Please complete this form and mail it to:

**Maryland Onsite Wastewater Professionals Association, Inc.
P.O. Box 2570
Ellicott City, MD 21041**

Registration can also be completed by Fax or Online:

Fax – Forms may be faxed to 443-267-0098 (please note whether payment is in mail or completed online)

Online - <https://www.mowpa.org/MOWPA/regular-membership-fee-or-renewal>

Any questions about filling out this form? Please contact info@MOWPA.org or call 443-570-2029.