



**P.O. Box 2570
Ellicott City, MD 21041-2570**

Please select the 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.

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Telephone Number: _____

Licensed Environmental Health Specialist (LEHS): _____ If YES, please provide your ID#: _____

Preferred Contact Preference (Please Circle): Electronic Mail Both

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 Number Enclosed: _____

*If you would like to pay by Credit Card, please complete form online @ <https://www.mowpa.org/MOWPA/regular-membership-fee-or-renewal>

Please complete this form and mail it to:

Maryland Onsite Wastewater Professionals Association, Inc.

P.O. Box 2570

Ellicott City, MD 21041

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