



MEMBERSHIP APPLICATION FORM

Annual Membership Period: January 1st - December 31st

Full Name : _____

Company : _____

Mailing Address : _____

City : _____ State _____ Zip Code _____

Is this a : Home Business Address

Phone Number : _____ E-Mail : _____

Website : _____

How did you hear about us? Search Engine (Google) Social Media Colleague/Referral Other

Membership Categories (choose one) <input type="checkbox"/> New Member <input type="checkbox"/> Renewal	
<input type="checkbox"/> Individual-\$110	Individuals who are involved or interested in onsite wastewater systems.
<input type="checkbox"/> Regulator/Board of Health-\$60	Must be employed by a local, county, regional, state, or federal government entity. A government address must be used to qualify.
<input type="checkbox"/> Student-\$40	Must be enrolled as a full-time student.
<input type="checkbox"/> Retired-\$40	Must be a full-time retiree.
<input type="checkbox"/> Corporate-\$300	Can enroll up to five (5) individuals from the same company.
<i>*All membership categories include membership with the National Onsite Wastewater Recycling Association (NOWRA).</i>	

If you are joining as a corporate member, please list up to four (4) additional names and emails:

Name: _____ Email: _____
 Name: _____ Email: _____
 Name: _____ Email: _____
 Name: _____ Email: _____

NOWRA's SEPTIC LOCATOR, a nationwide online search tool for onsite wastewater industry professionals.

Select Up to 5 categories:

<input type="checkbox"/> Academic/Educator	<input type="checkbox"/> Other Interested Party	<input type="checkbox"/> Septic System Installer/Contractor	<input type="checkbox"/> Site Evaluator/Soil Scientist
<input type="checkbox"/> Consulting Engineer	<input type="checkbox"/> Regulator/Compliance Monitor	<input type="checkbox"/> Septic System Operation & Maintenance	<input type="checkbox"/> Septic System Pump out
<input type="checkbox"/> Inspection	<input type="checkbox"/> Septic System Design	<input type="checkbox"/> Septic Systems Repairs and Service	<input type="checkbox"/> Supplier/Vendor

Which is your PRIMARY Category? _____

Please provide a brief description of your services (25 words maximum) _____

Please return completed form and payment to:
 Yankee Onsite Wastewater Association (YOWA), 10 Tower Office Park,
 Suite 601, Woburn, MA 01801-2155
 Fax: 781-939-0907 / yankeeonsite@gmail.com
 Credit cards accepted online - <https://www.yankeeonsite.org/membership/>

Contributions to YOWA are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as an ordinary and necessary business expenses. Please consult your tax advisor for more information.