



APPLICATION FOR MEMBERSHIP

Oregon Ground Water Association
 P.O. Box 21285
 Keizer, OR 97307-1285
 (503) 390-7080 (503) 390-7088 fax
 www.ogwa.org mail@ogwa.org

MEMBERSHIP CLASSIFICATION:

- | | | | |
|-------------------------------|--------|------------------------------------|--|
| Company Owned ¹ | - or - | Individually Owned ² | |
| <input type="checkbox"/> | | <input type="checkbox"/> | Contractor Member (Drilling/Pump/Water Treatment) |
| <input type="checkbox"/> | | <input type="checkbox"/> | Manufacturers and Suppliers (M & S) |
| <input type="checkbox"/> | | <input type="checkbox"/> | Technical Organization |

Primary Member (name): _____ \$ 250.00

Each Additional Member: _____ \$ 50.00

Name: _____

Mailing address if different than above: _____

Name: _____

Mailing address if different than above: _____

Name: _____

Mailing address if different than above: _____

Name: _____

Mailing address if different than above: _____

If more space is needed, please attach a separate sheet.
 If a separate mailing address is required, please list the address for each individual.

- | | | |
|------------------------------------|---------------------------------------|----------|
| Individually Owned ² | | |
| <input type="checkbox"/> | Associate Member (name): _____ | \$ 75.00 |
| <input type="checkbox"/> | Student Member (name): _____ | \$ 60.00 |

TOTAL AMOUNT ENCLOSED \$ _____

Company Name: _____

Address: _____

City/State/Zip: _____ **Email:** _____

Business Phone: _____ **Fax:** _____

Home Phone (optional): _____ **Website:** _____

Sponsoring Member: _____

Please attach a brief description of your company.

- 1) The company holds the membership. Representatives of the company may be substituted upon approval by the Board of Directors.
- 2) The individual holds the membership. This is a personal membership that is non-transferrable.

PLEASE NOTE: Your company's contact information will be listed on the OGWA webpage and in the OGWA Roster that is given to members upon request.