



MEMBERSHIP APPLICATION

<input type="checkbox"/> Active Member \$295.00 <ul style="list-style-type: none"> • Liquid Waste Professional 	<input type="checkbox"/> Associate Member \$275.00 <ul style="list-style-type: none"> <li style="width: 50%;">• State Officials <li style="width: 50%;">• DNR <li style="width: 50%;">• Suppliers <li style="width: 50%;">• Manufacturers
--	--

Member Contact Information: Please print clearly.

Company Name _____

Name _____ **WI DNR Septage Service Operator #** _____

Address _____ **City/State/Zip** _____

Title _____ **Phone** _____

Email _____ **Website** _____

Fax _____ **County** _____

List up to 4 additional contacts for your company (no additional charge):

Name _____	E-mail _____	WI DNR Septage OP # _____
Name _____	E-mail _____	WI DNR Septage OP # _____
Name _____	E-mail _____	WI DNR Septage OP # _____
Name _____	E-mail _____	WI DNR Septage OP # _____

Circle the counties you work in: Needed for Website Directory.

Adams	Calumet	Door	Grant	Juneau	Manitowoc	Oconto	Portage	Sawyer	Washburn
Ashland	Chippewa	Douglas	Green	Kenosha	Marathon	Oneida	Price	Shawano	Washington
Barron	Clark	Dunn	Green Lake	Kewaunee	Marinette	Outagamie	Racine	Sheboygan	Waukesha
Bayfield	Columbia	Eau Claire	Iowa	La Crosse	Marquette	Ozaukee	Richland	Taylor	Waupaca
Brown	Crawford	Florence	Iron	Lafayette	Menominee	Pepin	Rock	Trempealeau	Waushara
Buffalo	Dane	Fond du Lac	Jackson	Langlade	Milwaukee	Pierce	Rusk	Vernon	Winnebago
Burnett	Dodge	Forest	Jefferson	Lincoln	Monroe	Polk	Saint Croix	Vilas	Wood
							Sauk	Walworth	ALL COUNTIES

Services Provided: Circle all the apply

Designer	Drain Cleaning/Jetting	Educator	Excavator	Home/Property Transfer Inspections	Installer
Manufacture/Supplier	Plumber	Portable Restroom/Sanitation	POWTS Maintainer		
Pumper	Regulator	Soil Tester/Scientist	Surveyor	Thawing Frozen Sewer Lines	

Payment by Credit Card

Amount: \$ _____ .00

Name on Card: _____

Type of Card: _____ Visa MasterCard AmEx Discover

Account #: _____

Exp. Date: _____

CVV Code: _____

Send form and payment to WLWCA office:
 Fax: 888/287-4116 | Phone 888/782-6815 | Email: info@wlwca.com

Payment by Check

Please return form and check (payable to WLWCA) to:

WLWCA
 P.O. Box 833
 Germantown, WI 53022

PLEASE NOTE: Approximately 25% of your annual WLWCA dues are spent on lobbying related issues. This 25% may not be deducted from your taxes as a business expense. Please contact your tax consultant for further information.