



BECOME A MEMBER!

2024 OWWA MEMBERSHIP APPLICATION

Name of Company _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

E-Mail _____ Website _____

District _____ Year Business was Established _____

☐ CONTRACTOR COMPANY

(you and up to 2 other members of your firm).....\$200

Name 1 _____

Name 2 _____ Name 3 _____

☐ MANUFACTURER OR SUPPLIER MEMBERSHIP

(Up to 3 members of your firm).....\$240

Name 1 _____

Name 2 _____ Name 3 _____

☐ ASSOCIATE \$80

(Available only to persons who do not qualify for categories above.)

Your name _____

How would you like to receive the OWWA Newsletter and other OWWA information? ____ Email ____ USPS

Please note OWWA and NGWA dues are separate (contact NGWA directly for national membership)

Please return this form with your check payable to **OWWA** or provide your credit card information below.

We accept Visa, MasterCard, American Express and Discover

Name on Card _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Return to OWWA 6870 Licking Valley Road, Fazeysburg, OH 43822 E:ohiowaterwellassociation@gmail.com