



BECOME A MEMBER!

2025 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 & Email _____

Name & Email _____ Name & Email _____

MANUFACTURER OR SUPPLIER MEMBERSHIP

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

Name & Email _____

Name & Email _____ Name & Email _____

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

I give permission to OWWA to share my contact information and image to other members ___ Yes ___ No

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 _____