BECOME A MEMBER!

2026 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 _____

Return to OWWA 6870 Licking Valley Road, Frazeysburg, OH 43822 E:admin@ohiowaterwell.org