



Florida Onsite Wastewater Association, Inc.

P. O. Box 950368 ♦ Lake Mary, FL ♦ 32795-0368

Ph: 321-363-1590 ♦ Fax: 877-832-9434 ♦

Email: admin@fowaonsite.com ♦ Web: www.FOWAonsite.com

Membership Application

(Memberships are for *INDIVIDUALS ONLY*)

Individual _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Cell _____ Email _____

Types of products or services provided: _____

FL Contractor Registration#: _____ FL Engineer License # _____

FL Plumbing License #: _____ FOWA Sponsor Member Name _____

Please check which member type(s) apply:

_____ **General:** Represent those engaged in site/soil evaluation, design, installation, repair and maintenance of sewage treatment and disposal systems, i.e.: FL licensed Onsite Contractors, FL licensed Plumbers, FL licensed Professional Engineers & Private sector CEHP's. *Dues \$180 per year*

_____ **Allied:** Represent employees of companies with at least one General or Associate member. *Dues \$80 per year*

_____ **Associate:** Represent those engaged in the manufacture, wholesale supply, distribution or sale of components, products, equipment or services to the onsite industry, i.e.: Vendors, Manufacturers. *Dues \$180 per year*

_____ **Portable Restroom:** Represent those engaged in the servicing, sale, or rental of portable toilets and associated products. *Dues \$150 per year*

_____ **Affiliate:** Represent onsite-contracting firms outside the state without a Florida license, Health Department or Government Agency employees (not working in the private sector), and persons not directly related to the onsite wastewater industry. *Dues \$40 per year*

Membership year runs from October 1 to September 30th of following year.

Make check payable to: FOWA

Mail with Check or Credit Card Information to: FOWA, P.O. Box 950368, Lake Mary, FL 32795-0368

or Fax with Credit Card Information to: 877-832-9434.

Amex ___ MC ___ VISA ___ Discover ___ Exp Date _____ CIV # _____ Authorized Amount \$ _____

Credit Card Number _____

Name on Card _____

Card Billing Address _____

Authorized Signature _____