

Membership Application/Renewal



Alberta Onsite Wastewater
MANAGEMENT ASSOCIATION

Name: _____

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Bus. Phone: _____ Fax: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Please send member updates (check one) _____ by mail _____ by email _____ by fax

The services that I expect to receive through membership in the AOWMA are (please number in order of importance from one to six):

_____	Advocacy	_____	Training	_____	Convention
_____	Communication	_____	Business Services	_____	Other (please specify)

Please list my contact information on the AOWMA website _____

Signature

Date

Select One:

Corporate Membership \$300.00 _____

Corporate memberships cover one owner and two employees. Each corporation is allowed one vote at the Annual General Meeting.

Additional members:

Please select your business category:

- _____ Installer
- _____ Pumper
- _____ Supplier
- _____ Regulator
- _____ Engineer
- _____ Other (list) _____

GST does not apply to memberships

Check one: Please invoice me or

Please bill my Visa/Mastercard:

Name of Cardholder: _____

Card Number: _____ expiry _____

Cardholder Signature: _____

Cheques may be mailed to: AOWMA, 18303 – 60th Avenue, Edmonton, AB T6M 1T7

Please renew my annual membership automatically each January

or

Please contact me in January prior to renewing my membership

Fax completed form to: (780) 486-7414