



Florida Onsite Wastewater Association, Inc.
Membership Application
 (Memberships are for *INDIVIDUALS ONLY*)

Individual _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____
 Cell _____ Email _____
 FL Septic Contractor Registration #: _____ FL Engineer License # _____ Not Licensed
 FL Plumbing License #: _____ Referred by: _____

Don't skip this section or you won't pop up on the FOWA Member Directory when customers are searching by product/services:

Conventional OSTDS:

- Manufacturing/Tanks/Drainfield/Filters/Components/Heavy Equip.
- Installation
- Repairs

Advanced OSTDS:

- Manufacturing/Tanks/Drainfield/Filters/Components/Heavy Equipment/ATUs/PBTS
- Installation
- Repairs
- Maintenance Entity

Septage:

- Manufacturing/Processing/Technology Supplier/Trucks/Equipment
- Pumper
- Land Applier/Stabilization Plant

Business:

- Insurance
- Private Soil/Site Evaluations
- Engineers/Designers
- Industry Associations
- Regulatory Associations
- Wholesalers/Distributors

Grease:

- Manufacturing/Technology Supplier/Trucks/Equip.
- Processing Plant
- Pumping/Maintenance/Repair
- Installation

Portable Restroom:

- Trailers/Toilets/Products/Trucks/Equipment
- Service Provider

Please check which member type applies:

- 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 \$300 per year*
- Allied:** Represent employees of companies with at least one General or Associate member. *Dues \$160 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 \$300 per year*
- Portable Restroom:** Represent those engaged in the servicing, sale, or rental of portable toilets and associated products. *Dues \$255 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 \$105 per year*

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

Fee enclosed \$ _____ Check# _____ OR Credit (VISA, MC, AMEX, DISC)
 Card # _____ Exp.Date ____/____/____ Authorized Amt \$ _____
 Card Verification #: _____ (VISA, MC or DISC=Last 3 digits on back of card. AMEX=4 digits on front of card)
 Name on Card (Print) _____ Signature _____
 Billing Address for credit card (if different than above): _____
 City _____ State _____ Zip _____

Make check payable to: **FOWA**. Mail with Check or Credit Card Information or fax to us:
P.O. Box 665 ♦ Winter Haven, FL ♦ 33882-0665 ♦ Ph: 863-845-5262 ♦ Fax: 877-832-9434
Email: admin@FOWAonsite.com ♦ Website: www.FOWAonsite.com