



MEMBERSHIP APPLICATION

Ohio Water Quality Association

The undersigned hereby makes application for Membership and the dues will be as follows:

_____ **DEALER – \$149.00/YEAR**
Additional Locations May Be Added for \$99.00 Each

_____ **MANUFACTURER / SUPPLIER / REP – \$249.00/YEAR**
Additional Factory-Owned Retail Locations May Be Added for \$99.00 Each

FIRM NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PH _____ **FX** _____

EMAIL _____ **Website** _____

FIRM REPRESENTATIVE _____ **Email** _____

ALTERNATE _____ **Email** _____

By the applicants signature, if accepted for membership in the Ohio Water Quality Association, agrees to abide by the Constitution and By-laws.

Make check payable to OWQA and return with application.
Payment via Visa, MasterCard and American Express are also accepted.

Card Number _____ Expiration Date _____

Name on Card _____

Authorized Signature _____ Billing Zip: _____

SUBMITTED BY: _____ **DATE** _____

Send back completed form and payment to:
FAX: (937) 278-0317 or **MAIL:** 2077 Embury Park Rd. Dayton, Ohio 45414
www.owqa.org

Have Questions? Call 937-278-0308 or owqa@assnsoffice.com