

BECOME A MEMBER!

OWWA MEMBERSHIP APPLICATION

Name of firm _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

E-Mail _____ Website _____

INDIVIDUAL OWNER CONTRACTOR (Drilling or Pump Company).....\$135

Your name _____

DRILLING OR PUMP COMPANY (yourself and up to 2 other members of your firm).....\$165

Your name _____

Additional members from your firm:

Name _____ 2. Name _____

MANUFACTURER OR SUPPLIER (yourself and up to 2 other members of your firm).....\$165

Your name _____

Additional members from your firm:

Name _____ 2. Name _____

ASSOCIATE..... \$75 (Available only to persons who do not qualify for categories above.)

Your name _____

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 credit card information below for AmExp., Visa, or MasterCard

Name on Card _____ Credit Card Number _____

Expiration Date _____ Billing Zip Code _____