



# IOWWA ON-SITE WASTE WATER ASSOCIATION

## 2009 MEMBERSHIP APPLICATION

Membership year is from date joined through year-end 2009

(Please type or print clearly)

**MEMBER NAME (first, last):** \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Iowa County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

### Individual Membership - \$90.00

**Membership year is from date joined through year-end 2009 and is by individual, not company/organization.**

IOWWA membership includes National Onsite Wastewater Recycling Association (NOWRA) membership dues (\$40.00) and IOWWA scholarship support (\$5.00). Contributions to IOWWA are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as an ordinary and necessary business expense.

Consult your tax advisor for more information.

**Indicate the profession that most closely represents your involvement in the onsite wastewater industry (please select only one):**

Contractor    Manufacturer    Maintenance    Regulator    Other

**NOWRA SEPTIC LOCATOR:** Your **IOWWA** membership includes participation in the NOWRA Septic Locator online professional service directory and search engine. Log-in at [www.nowra.org](http://www.nowra.org) and update your company industry categories.

### **MAIL MEMBERSHIP APPLICATION AND YOUR CHECK PAYABLE TO:**

**“IOWWA”**

C/o Alice Vinsand, Inc., Executive Director  
10927 Lincoln  
Des Moines, IA 50325

**Credit Card payment ONLY – complete ALL items. Form can be faxed to 515-225-8187**

Visa/MasterCard Only Card # \_\_\_\_\_ Expire Date: \_\_\_\_/\_\_\_\_

Cardholder: \_\_\_\_\_ Credit Card Amount: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

By this signature, I authorize Alice Vinsand Inc. to process the IOWWA membership fee.

For questions, call 515-225-1051, website [www.IOWWA.com](http://www.IOWWA.com). IOWWA EIN # 42-1483264