



# Iowa Onsite Wastewater Association

## 2009 APPLICATION FOR IOWWA CERTIFIED INSTALLER

Please type or print

Name: \_\_\_\_\_

Employer or Business: \_\_\_\_\_

Street Address or P.O.Box: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ **Email:** \_\_\_\_\_

Please **X** the following that are applicable:

- I have included a copy of my NEHA test results
- I have read and agree to abide by the Code of Ethics for IOWWA Certified Installers and have attached a signed copy
- I am a current IOWWA member. Member ID # \_\_\_\_\_
- \*I wish to become an IOWWA member to take advantage of the member fees listed below and have enclosed my \$90.00 yearly membership fee.
- I do not wish to become an IOWWA member at this time
- I wish to become an IOWWA Certified Installer for 2009/2011 (Member fee \$50.00; Nonmember fee \$75.00)

|                        |                                  |         |                       |
|------------------------|----------------------------------|---------|-----------------------|
| <b>Amount enclosed</b> | *2009 IOWWA Membership fee       | \$90.00 | _____                 |
|                        | IOWWA Certified Installer Member | \$50.00 | _____                 |
|                        | Non-Member                       | \$75.00 | _____                 |
|                        |                                  |         | <b>Total \$</b> _____ |

**Payment options** (check one)

\_\_\_ Check/Money order (Payable to IOWWA)      \_\_\_ Visa or MasterCard only

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

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

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

Cardholder Email (if different from above contact email): \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Final approval of Certified Installer status will be at the discretion of the IOWWA Board*

**IOWWA ON SITE WASTE WATER ASSOCIATION, 10927 LINCOLN, DES MOINES, IA 50325**

Alice Vinsand, Executive Director, Ph: 515-225-1051; Fax 515-225-8187

**Certification Chairman: Doug Bird, Bremer County, Ph 319-352-0332; Fax 319-352-5721**