

2018 CWWCA MEMBERSHIP APPLICATION

Last Name _____ First Name _____ Initial _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Cell _____ Email _____

DO YOU WISH TO HAVE YOUR NAME LISTED ON THE WEB PAGE? YES () NO ()

LICENSE # _____ (WE MUST HAVE THIS TO PLACE YOU ON THE WEB PAGE)

You Must Check yes or no otherwise we will assume that your answer is NO

PLEASE ENTER YOUR DISTRICT # _____

UPGRADE MEMBER LISTING ON WEBSITE \$ 50.00 \$ _____

PLEASE CHECK THE APPROPRIATE MEMBERSHIP CATAGORY

- _____ 1. Drilling Contractor (owner or manager of a well drilling business) \$195.00
- _____ 2. Pump Installation Contractor (owner or manager of a pump installation business) \$195.00
- _____ 3. Drilling and Pump Installation Contractor (owner or manager of both businesses) \$195.00
- _____ 4. Associate (any person or firm engaged in the manufacturing or selling of equipment services for the water well industry) \$195.00
- _____ 5. Technical (an hydrologist, geologist or engineer involved in teaching, research, consulting or government services concerned with the ground water industry) \$ 75.00
- _____ 6. Retired (retired members wishing to retain membership privileges) \$ 40.00
- _____ 7. Affiliate (professionals having an interest in the water well industry) \$ 40.00
- _____ 8. Employees (employees of paid members---\$20.00 each employee) \$ 20.00
- ****Please list name and address of each employee at the top of the page
- _____ 9. Student \$ 20.00

The CWWCA Buck Lively Scholarship Fund is recognized as tax-exempt under IRS Code Section 501(c)(3). VOLUNTARY DONATIONS to this organization are tax deductible as a charitable contribution to the full extent permitted by law.

THANK YOU FOR YOUR TAX EXEMPT SCHOLARSHIP DONATION \$ _____

TOTAL \$ _____

\$15 of your CWWCA dues is applied towards lobbying efforts on your behalf. The \$15.00 is NOT tax deductible.

Method of Payment

Credit Card _____ VISA _____ MASTER CARD _____ DISCOVER _____ AMEX _____
Credit Card # _____ Expiration Date _____ CCV _____

Name and Billing Address on Card _____

Check # _____ Amount _____

**Please return your remittance and completed Membership Form to:
CWWCA 4340 E. Kentucky Ave. #421, Glendale, CO 80246
Phone: 720-244-8024 Fax: 720-208-0620 email execdir@cwcca.org**