

TWQA MEMBERSHIP APPLICATION

Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Spouse _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

E-mail _____

Company Website _____

Please indicate membership category:

- Retailer
- Supplier/Manufacturer
- Associate

Length of time in profession: _____ yrs. _____ mos.

Principle supplier or brand of equipment used:

Enclosed is my check for \$ _____

You may pay your membership fee with a credit card

Visa MasterCard Discover American Express

Credit Card# _____ CVV# _____

Expiration Date: _____

Cardholder Name _____

Cardholder Address: _____

I hereby make application for membership in the Texas Water Quality Association and will abide by the Code of Ethics, support its objectives and pay its membership dues.

Signature _____

Date _____

Return this application with check to:

TWQA, 1904 Sam Houston Dr, Victoria, Tx 77901
Phone: 361-573-6707 Fax: 361-575-7959
E-mail: twqadirector@twqa.org