



Texas Water Quality Association

5606 N Navarro, Suite 200R, Victoria, TX 77904

Phone: 361-573-6707, Fax: 361-573-6708

Membership Application

Membership Category: **Company** **Individual**
Membership Type: **Dealer** **Supplier**
 Associate (*not eligible for reduced rate training*)

Company Information:

Name: [_____]
DBA: [_____]
Address: [_____]
City, State ZIP: [_____]
Phone: [_____] Fax: [_____]
Web Site [_____]

Personal Information

Name: [_____]
Email: [_____]
Cell Phone: [_____]
Spouse: [_____]
Home Address: [_____]
City, State Zip: [_____]

Professional Information

Length of Time in Profession: [____] Years [____] Months
Principle Supplier or Brand: [_____]

Payment Information (*Please print*)

Enclosed is my check for \$ _____; or
Credit Card Information: Visa MasterCard Discover American Express
Card Number: [_____]
Expiration Date: [_____] CVV: [_____]
Cardholder Name: [_____]
Card Billing Address: [_____]

Signature & Date

I hereby apply for membership in the Texas Water Quality Association and agree to abide by its Code of Ethics, support its objectives and pay its membership dues.

Signature: [_____]
Date: [_____]