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MEMBERSHIP APPLICATION

(This form may be duplicated as necessary for additional individual memberships within the organization.)

DATE OF APPLICATION: _____ AMOUNT ENCLOSED: _____

NAME: _____ POSITION/TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

MEMBERSHIP CLASSIFICATION (Please check one):

Installer
\$75/year

Regulator/Inspector
\$25/year

Associate
\$75

Pumper
\$75/year

Corporate
\$300/year

Affiliate
\$50/year

CORPORATE (Please list products or services you provide): _____

Please return completed form with payment to:

**Kentucky Onsite Wastewater Association
PO Box 59
Springfield, KY 40069**

Contributions to KOWA are not deductible as charitable contributions for income tax purposes. However, dues payments may be deductible as an ordinary business expense. Consult your tax advisor for more information.