



2016 - 2017 APPLICATION FOR MEMBERSHIP

Membership Period: July 1st. – June 30th

Membership Fee: \$40.00

1) Personal Information:

Form fields for personal information: Renewal checkbox, MWPCA ID #, First Name, M.I., Last, Street, City/Town, State, Zip, Telephone #, E-mail.

Newsletter: ___ USPS ___ Email

2) Employment Information:

Form fields for employment information: Title, Certification Grade, State, State Certification #, Company/Facility Name, Street, City, State, Zip, Telephone #, E-mail.

Newsletter: US Mail ___ Email ___

Please provide the following information for placement or update in the MWPCA on-line Directory.

Form fields for directory information: Facility Name, Municipality or Corporation, Contact Person, Title, Mail Address, Plant Address, Phone, FAX, Email (optional), Website (optional), Grade of facility, Design Flow MGD, Degree of Treatment.

Please send your completed Application for Membership and payment (made payable to MWPCA) to:

Massachusetts Water Pollution Control Association, Inc.
P.O. Box 60, Rochdale, MA 01542
Fax to : 774-670-9956
Email to : mwPCA2011@yahoo.com

Questions: Please contact MWPCA - Lynn Foisy at 774-276-9722.

Revised 03/29/16