



2017 - 2018 APPLICATION FOR MEMBERSHIP

Membership Period: July 1st. – June 30th

Membership Fee: \$50.00

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 ___

3) Please answer the following questions for our Membership Committee:

- 1) If offered, would you consider a facility membership where a group of operators could join for a single fee? Yes ___ No ___
2) If offered, would you volunteer to chair a committee if you got free dues for the year? Yes ___ No ___
3) Have you ever filled a position at your facility through the MWPCA job board? Yes ___ No ___
4) Have you ever gotten a job through the MWPCA job board? Yes ___ No ___
5) Are you a LinkedIn member? Yes ___ No ___

Please send your completed Application for Membership and payment of \$50.00 (made payable to MWPCA) to:

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

Questions: Please contact MWPCA - Lynn Foisy at 774-276-9722.
Email to : mwpc2011@yahoo.com