

2024 OOWA Membership Application

To create a forum to advance and promote all aspects of Ohio's onsite wastewater industry For a full list of membership benefits, be sure to visit our website at www.ohioonsite.org
Questions?: ohioowa@gmail.com and (740) 828-3000

COMPANY INFOR	RMATION			
Company Name:				
Contact Name:				
Address:		County:		
City:	State	te: Zi	p Code:	
Phone:		Cell Phone:		
Fax Number:	Em	ail:		
PROFESSION (circ	le primary and check all oth	ers) MEMBERSHIP TYPES	S	
O Installer	O Service Provider		Individual Member: This designation will consist of individuals	
O Pumper	O Sanitarian	engaged in the onsite wastewater treatment industry. Corporate Member: This designation will consist of the primary representative of firms, companies, corporations, sole proprietors, or government agencies engaged in the onsite wastewater industry.		
O Manufacturer	O Vendor			
O Designer	O Engineer			
O Home Inspector	O Site/Soil Evaluator	Corporate Associate Member: This designation will consist of employees of those firms, companies, corporations, sole proprietors, or government agencies who are corporate members.		
O Other:				
O Individual Membe	er: Annual Dues—\$120.00	membership type fits your co		
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•		\$50.00 (per additional represe		
	esentative Contact Information			
	esentative Contact Information			
Email:		Cell Phone:		
Email:		Cell Phone:		
PAYMENT				
Return this completed	d application with payment t	o: OOWA, 6870 Licking Val	ley Road, Frazeysburg, OH 43822	
Make checks payable	to OOWA or submit credit	card information below:		
Card Number:		CVV Code:	Expir. Date:	
Billing Address: _				