



T O W A

3205 N. University Dr. Suite D, PMB 411 • Nacogdoches, TX 75965 • Phone (888) 398-7188

Please complete the following membership application and return to TOWA along with your dues check or complete the credit card info and fax back. If you need a corporate membership application please download one from www.txowa.org

INDIVIDUAL MEMBERSHIP APPLICATION FORM (2011)

Members are listed by individual name on TOWA website and in TOWA Directory. For Company listing, see Corporate Membership Application.

★★ Annual Dues = \$ 95.00 (12 month period)★★

✓ **Step 1 - Mark the correct TOWA Membership Category that best describes you (mark only ONE category):**

- | | | | |
|-------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Academic | <input type="checkbox"/> Installer/Service | <input type="checkbox"/> Regulator |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Pumper | <input type="checkbox"/> Supplier/Wholesaler | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Sanitarian | <input type="checkbox"/> Legislator | <input type="checkbox"/> Soil Scientist | <input type="checkbox"/> Other: _____ |

✓ **Step 2 - Mark the TOWA Local Chapter you would like to join (OPTIONAL):**

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Alamo (San Antonio - \$25) | <input type="checkbox"/> Designer (Texas - \$30) | <input type="checkbox"/> Heart of Texas (Waco - \$20) | <input type="checkbox"/> West Texas (\$25) |
| <input type="checkbox"/> Capital of Texas (Austin - \$5) | <input type="checkbox"/> East Texas (Tyler - \$5) | <input type="checkbox"/> Pumper (Texas - \$30) | <input type="checkbox"/> North Central Texas |
| <input type="checkbox"/> DFW (Dallas/FTW) | <input type="checkbox"/> Gulf Coast (Houston - \$30) | <input type="checkbox"/> Three Rivers (Montgomery/\$30) | <input type="checkbox"/> Hill Country |

✓ **Step 3 - Complete the following member information:**

Name: _____ (If using a credit card, name as it appears.)
Last First MI.

Address: _____
Street / P.O. Box Apt / Suite

City State Zip County

Phone: () _____ Fax: () _____

Cell: () _____ Email: _____

M/C OR Visa # (Circle One) _____ Expiration Date: _____

✓ **Step 4 – Total Membership/Contribution Fees (please check each category and total) \$ _____**

Please include your check or Money Order Payable to TOWA and mail to the address above.
 For further information call TOWA or go online to www.txowa.org. Fax (936) 564-9116