

MICHIGAN WATER QUALITY ASSOCIATION APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

Name:		
Title:	WQA Certification:	
Company:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:	Website:	

PLEASE INDICATE MEMBERSHIP CATEGORY APPLYING FOR

<input type="checkbox"/> Retailer	<input type="checkbox"/> Manufacturer/Supplier/Distributor (Associate Member)
Enclosed is my check for \$_____	Recommended by:

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE MICHIGAN WATER QUALITY ASSOCIATION AND, IF ACCEPTED, WILL ABIDE BY THEIR BYLAWS AND CODE OF ETHICS, SUPPORT ITS OBJECTIVES AND PAY ITS MEMBERSHIP DUES.

Signature:
Date:

PAYMENT OPTIONS

	<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> One time payment	Choose this option and make a one time payment of \$450.00 due by January 29, 2010.		
<input type="checkbox"/> Two time payment	Choose this option and make two installments of: \$230.00 due by January 29, 2010 \$220.00 due by July 29, 2010		
<input type="checkbox"/> Quarterly payment	Choose this option and make 4 installments of: \$112.50 due by January 29, 2010 \$112.50 due by April 29, 2010 \$112.50 due by July 29, 2010 \$112.50 due by October 29, 2010		

If paying by Visa or MasterCard, please fill out the information below & return to the MWQA office.

Name:	Account #:
Expiration Date:	V-Code (3 digit on back of card):
Billing Address:	

***IF YOU ARE INTERESTED IN TAKING ADVANTAGE OF THE CREDIT CARD TWO PAYMENT OR QUARTERLY OPTION LISTED ABOVE, PLEASE SIGN BELOW.**

Signature:

By signing above, you are authorizing the Michigan Water Quality Association to debit your credit card listed above for the remaining balance of your 2010 membership dues.



Please return this application along with payment to:

Michigan Water Quality Association
721 N. Capitol Ave., Suite 3
Lansing, MI 48906
Phone: (517) 487-6840
Fax: (517) 487-0372
Email: info@miwqa.org
Website: www.miwqa.org