

MEMBERSHIP APPLICATION/RENEWAL

FLORIDA WATER & POLLUTION CONTROL OPERATORS ASSOCIATION

ACTIVE MEMBERSHIP: A PERSON CURRENTLY ENGAGED IN THE TREATMENT, COLLECTION, DISTRIBUTION, AND DISPOSAL OF WATER, WASTEWATER, STORMWATER, REUSE WATER, OR INDUSTRIAL WATER IN THE STATE OF FLORIDA.

ASSOCIATE MEMBERSHIP: A PERSON INTERESTED IN THE TREATMENT, COLLECTION, DISTRIBUTION, AND DISPOSAL OF WATER, WASTEWATER, STORMWATER, REUSE WATER, OR INDUSTRIAL WATER IN THE STATE OF FLORIDA.

ACTIVE _____ ASSOCIATE _____

PLEASE PRINT OR TYPE (COMPLETE REVERSE SIDE JOURNAL DELIVERY AND DUES NOTICE FORMS AS WELL)

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEND MY (Check one or both, or enter alternate mailing addresses on reverse side of this form):

- MONTHLY FLORIDA WATER RESOURCES JOURNAL HERE
- ANNUAL FW&PCOA MEMBERSHIP RENEWAL NOTICES HERE

E-MAIL ADDRESS _____

EMPLOYER/UTILITY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEND MY (Check one or both, or enter alternate mailing addresses on reverse side of this form):

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- ANNUAL FW&PCOA MEMBERSHIP RENEWAL NOTICES HERE

TELEPHONE (OFFICE) _____ FAX _____

SPONSOR'S NAME (If Any) _____

PLEASE INDICATE THE LEVEL OF FLORIDA CERTIFICATION/LICENSURE YOU PRESENTLY HOLD, IF ANY

<u>TYPE</u>	<u>LEVEL</u>	<u>NUMBER</u>	<u>TYPE</u>	<u>LEVEL</u>
WATER PLANT OPERATOR	A B C	_____	STORM WATER	A B C
WASTEWATER OPERATOR	A B C	_____	INDUSTRIAL PRETREATMENT	A B C
WATER DISTRIBUTION	A B C	_____	MAINTENANCE SPECIALIST	A B C
WASTEWATER COLLECTION	A B C	_____	CUSTOMER RELATIONS	III II I
FLA. REGISTERED P.E.		_____	BACKFLOW TECHNICIAN	_____

APPLICANT SIGNATURE _____ DATE _____

**PLEASE MAIL YOUR CHECK OR MONEY ORDER IN THE AMOUNT OF \$25.00 TO:
FW&PCOA P.O.BOX 33119 PALM BEACH GARDENS, FL. 33420
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