



# Narragansett Water Pollution Control Association 2018 Membership Application

## MEMBERSHIP RENEWAL INVOICE

*Please Print or Type Information or Make Any Corrections Below*

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

<b>NWPCA Dues:</b> <i>(check one)</i>	<input type="checkbox"/> <b>Active - \$20.00</b>	<input type="checkbox"/> <b>Corporate - \$50.00</b> <i>(for up to 3 representatives)</i>
<b>Current Membership Expires December 31, 2017</b>		

In addition, I would be interested in supporting/participating in the Association in the following areas:

<input type="checkbox"/> Newsletter Committee	<input type="checkbox"/> Golf Tournament	<input type="checkbox"/> Training Committee
<input type="checkbox"/> Membership Development	<input type="checkbox"/> Golf League	<input type="checkbox"/> Asset Management Committee
<input type="checkbox"/> Awards Committee	<input type="checkbox"/> Trade Show	<input type="checkbox"/> Fundraising Committee
<input type="checkbox"/> Scholarship Committee	<input type="checkbox"/> Holiday Party	<input type="checkbox"/> Operations Challenge
<input type="checkbox"/> By-Laws Committee		

**Please make check payable to NWPCA and send payment along with the application to the following address:**

**Narragansett Water Pollution Control Association**  
P.O. Box 8805  
Cranston, RI 02920

<b><u>For Executive Board Use Only:</u></b>	<b><u>Credit Card Payment</u></b>
Payment Received Date: _____	Visa: _____ MC: _____ Discover: _____ Amer. Exp.: _____
Check Number: _____	Card Number: _____
Cash Payment: _____	Exp. Date: _____ Security Code: _____ Zip Code: _____

**Please do not e-mail credit card information. Mail application to PO Box.**