



**Narragansett Water Pollution Control Association
2019 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: _____

NWPCA Dues: <i>(check one)</i>	<input type="checkbox"/> Active - \$20.00	<input type="checkbox"/> Corporate - \$50.00 <i>(for up to 3 representatives)</i>
<i>Current Membership Expires December 31, 2018</i>		

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

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

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

NWPCA Welcomes All Members
United for Clean Water Since 1952