



**Membership**

**Application**

**The Water and Waste Operators Association  
of Maryland, Delaware and District of Columbia**

*Professionals dedicated to improving the quality of the environment  
through the advancement of knowledge.*

Dear WWOA Member:

WWOA will maintain dues for the 2010 membership year at \$20 for active and non-resident members and \$50 for Associate members. Of your \$20 membership, \$6 will go directly to your designated section, \$8 will go directly into the education budget and the remaining \$6 covers all the administrative costs of the Association and your subscription to the Eco-Letter. Even at \$20 per year, this is still quite a bargain, when compared to similar organizations in the region, which have dues structures of \$35 to \$100 or more per year. If you have any questions regarding membership, please contact DuWayne Potter, membership chair, at (301) 862-3915 or email him at [dpotter@metcom.org](mailto:dpotter@metcom.org)

In filling out your renewal form, please check your current data to confirm its accuracy. **Please note question #7 which asks if you are currently retired.** WWOA is seeking this information as a way of tapping this potential resource. The mailing label lists the information you gave when you last renewed. A sample of the mailing label is shown below. In addition to the mailing information, please check the coded information. Each position corresponds to one of the questions asked in the application. Blanks may appear in some locations. This indicates that no answer was given. In order to keep your membership current, and continue to receive WWOA mailings, you must return this renewal application before January 1, 2010. Please return your completed application promptly.

**Remember to visit the WWOA web site <http://www.wwoa-cwea.org> for the latest association news and events.**

<u>Membership Type</u>	<u>Primary Interest</u>	<u>Section</u>	<u>Certified?</u>	<u>Other Membership</u>	<u>Release Name for Mail List?</u>
R = Active	1 = Water Treatment	C = Central	Y = Yes	W = CWEA	Blank = Yes
N = Non-Resident	2 = Water Distribution	E = Eastern	N = No	A = CS/AWWA	N = No
A = Associate	3 = Wastewater Treatment	W = Western			
	4 = Wastewater Collection	S = Southern			
	5 = Industrial Waste				
	6 = Solid Waste				

  

Designates WWOA Label	Membership Number	Expiration Date (YY/MM)
WWOA	9308 R1 EYWN	0112
Business Name (If Applicable) DAWN D. DRANE DEPARTMENT OF UTILITIES 1234 REAVES DRIVE IMHOFF, MD 22222		

**2010 APPLICATION INFORMATION - PLEASE READ ENTIRE APPLICATION CAREFULLY!**

Please check **ONE** answer in each of the following categories, as appropriate. **Membership Renewals: If your mailing label appears at the bottom of this application, fill out only that information which has changed. If there are NO changes, leave spaces blank.**

- 1)  New Applicant       Renewal      Membership # \_\_\_\_\_ (Renewal Only)
- 2) Please check type of membership desired:  
 **ACTIVE Members (\$20.00)** are those residing or working in the Maryland, Delaware or District of Columbia areas.  
 **NON-RESIDENT Members (\$20.00)** are those residing or working outside of those areas (*non-voting members*).  
 **ASSOCIATE Members (\$50.00)** are architectural/engineering consultants or those engaged in the manufacture or sale of equipment, products or services for water, wastewater, industrial wastes, or solid waste systems.
- 3) **Education Fund Contribution \$ \_\_\_\_\_**. You may make a tax deductible charitable contribution to WWOA for its Education Fund. Your contribution will be used to provide training resources and educational materials to members. Should you choose to donate, please fill in an amount in the space provided. All donations will be gratefully acknowledged.
- 4) Primary area of interest:       Water       Distribution       Wastewater       Collection  
 (Check Only One)       Industrial Waste       Solid Waste       Laboratories
- 5) A portion of your dues will be used to help finance a section affiliation. Please check one of the following. Non-resident members should check the section nearest to them. Associate members are automatically affiliated with all four sections.  
 **WESTERN MARYLAND Section** if you reside or work in the Maryland counties of Allegany, Frederick, Garrett or Washington.  
 **CENTRAL Section** if you reside or work in the District of Columbia, or the Maryland counties of Anne Arundel, Baltimore City or County, Carroll, Harford, Howard, Montgomery or Prince George's.  
 **SOUTHERN Section** if you work or live in the Maryland counties of Calvert, Charles or St. Mary's.  
 **EASTERN SHORE Section** if you reside or work in the state of Delaware, or in the Maryland counties of Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, or Worcester.
- 6) Are you a certified operator?    Yes  No  If yes, where?    MD  DE  DC  Other \_\_\_\_\_
- 7) Please check here if you are a full-time retiree (not currently employed in the water or wastewater fields).
- 8) Are you a member of:    Chesapeake WEA     PWO     Chesapeake Section AWWA
- 9) From time to time the Association may make its mailing list available to representatives of the manufacturing, distributing or service industries. **If you DO NOT want your name and address to be released, please check here.** \_\_\_\_\_

Please send the completed application along with a check or money order for the appropriate amount, **payable to WWOA**, to:

**DuWayne Potter, Membership Chair • 43990 Commerce Ave • Hollywood, MD. 20636**

**Please print clearly or type. • Renewals should only fill in changed data. • Please return the entire application.**

_____ <b>First Name, Middle Initial</b> <b>(Please print clearly)</b>	_____ <b>Last Name</b>	_____ <b>Jr., Sr., Etc.</b>
The address below is my <input type="radio"/> Home <input type="radio"/> Business address. (Check One)		
_____ <b>Business Name (Leave blank if using home address.)</b>		
_____ <b>Street or P.O. Box</b>		
_____ <b>City</b>	_____ <b>State</b>	_____ <b>Zip Code</b>
(____) _____ - _____ <b>Home Phone</b>	(____) _____ - _____ <b>Work Phone</b>	(____) _____ - _____ <b>FAX (If Applicable)</b>
_____ <b>E-Mail address</b>		

**OFFICE USE ONLY**

AMT: \_\_\_\_\_

CK# |\_\_|\_\_|\_\_|\_\_|

BY: \_\_\_\_\_