



IAWPCO INDIVIDUAL MEMBERSHIP FORM

PLEASE PRINT

FULL NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____

EMPLOYER: _____

JOB CATEGORY - CIRCLE ONE

- | | |
|-----------------------|-----------------------------|
| 1. Public Utility | 4. Educational Institution |
| 2. Industrial Utility | 5. Government-Federal/State |
| 3. Consultant | 6. Manufacturer/Distributor |

Please check below:

Renewal Member _____ or New Member _____

MEMBERSHIP IS FROM APRIL- MARCH 31

MAIL TO: IAWPCO P.O. Box 99 Genoa, Illinois 60135-0099
MEMBERSHIP FEES 1 YEAR \$20.00