

2025 OOWA Membership Application

To create a forum to advance and promote all aspects of Ohio's onsite wastewater industry For a full list of membership benefits, be sure to visit our website at *www.ohioonsite.org* **Questions?: ohioowa@gmail.com and (740) 828-3000**

COMPANY INFORMATION

Company Name:		
Contact Name:		
Address:	County:	
City:	State:	Zip Code:
Phone:	Cell Phone:	
Fax Number:	Email:	

PROFESSION (circle primary and check all others) MEMBERSHIP TYPES

O Installer	O Service Provider	Individual Member: This designation will consist of individuals
O Pumper	O Sanitarian	engaged in the onsite wastewater treatment industry.
O Manufacturer	O Vendor	Corporate Member: This designation will consist of the primary representative of firms, companies, corporations, sole proprietors,
O Designer	O Engineer	or government agencies engaged in the onsite wastewater industry.
O Home Inspector	O Site/Soil Evaluator	Corporate Associate Member: This designation will consist of employees of those firms, companies, corporations, sole proprie-
O Other:		tors, or government agencies who are corporate members.

MEMBERSHIP INFORMATION (mark which membership type fits your company)

O Individual Member: Annual Dues-\$120.00

O Corporate Member: Annual Dues-\$145.00 (includes one primary representative)

O Corporate Associate Member: Annual Dues-\$50.00 (per additional representative)

Added Representative Contact Information: Name:	
Email:	Cell Phone:
Added Representative Contact Information: Name:	
Email:	Cell Phone:
Added Representative Contact Information: Name:	
Email:	Cell Phone:

PAYMENT

Return this completed application with payment to: OOWA, 6870 Licking Valley Road, Frazeysburg, OH 43822 Make checks payable to OOWA or submit credit card information below:

Card Number: _____ CVV Code: _____ Expir. Date: _____

Billing Address: _____