



# Florida Water & Pollution Control Operators Association

A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida

## MEMBERSHIP APPLICATION/RENEWAL FLORIDA WATER & POLLUTION CONTROL OPERATORS ASSOCIATION

**ACTIVE MEMBERSHIP:** A PERSON CURRENTLY ENGAGED IN THE TREATMENT, COLLECTION, DISTRIBUTION, AND DISPOSAL OF WATER, WASTEWATER, STORMWATER, REUSE WATER, OR INDUSTRIAL WATER IN THE STATE OF FLORIDA.

**ASSOCIATE MEMBERSHIP:** A PERSON INTERESTED IN THE TREATMENT, COLLECTION, DISTRIBUTION, AND DISPOSAL OF WATER, WASTEWATER, STORMWATER, REUSE WATER, OR INDUSTRIAL WATER IN THE STATE OF FLORIDA.

ACTIVE \_\_\_\_\_

ASSOCIATE \_\_\_\_\_

PLEASE PRINT OR TYPE

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER/UTILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SPONSOR'S NAME (If Any) \_\_\_\_\_

PLEASE INDICATE THE LEVEL OF FLORIDA CERTIFICATION/LICENSURE YOU PRESENTLY HOLD, IF ANY

<u>TYPE</u>	<u>LEVEL</u>	<u>NUMBER</u>	<u>TYPE</u>	<u>LEVEL</u>	<u>NUMBER</u>
WATER PLANT OPERATOR	A B C	_____	STORM WATER	A B C	_____
WASTEWATER OPERATOR	A B C	_____	INDUSTRIAL PRETREATMENT	A B C	_____
WATER DISTRIBUTION	A B C	_____	MAINTENANCE SPECIALIST	A B C	_____
WASTEWATER COLLECTION	A B C	_____	CUSTOMER RELATIONS	III II I	_____
FLA. REGISTERED P.E.		_____	BACKFLOW TECHNICIAN / REPAIR (circle one)		_____

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE MAIL YOUR CHECK OR MONEY ORDER IN THE AMOUNT OF \$30.00 TO:  
FW&PCOA P.O. BOX 33119 PALM BEACH GARDENS, FL 33420  
PHONE (561) 840-0340 FAX (561) 624-2839

OR PAY BY CREDIT CARD

Circle One



Name on Card \_\_\_\_\_ Card no. \_\_\_\_\_ Expires \_\_\_\_\_

Your \$30 annual membership dues includes a \$3 subscription to the *Florida Water Resources Journal*