



Florida Water & Pollution Control Operators Association

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

ANNUAL MEMBERSHIP DUES GROUP BILLING

The Florida Water and Pollution Control Operators Association (FW&PCOA) is making it easier than ever to keep your water, wastewater and storm water operations professionals in touch with the latest in technology, training, and continuing education opportunities, **including unlimited plant operator continuing education units (CEUs) delivered right to your door** (see fwpcoa.org or “CEU Challenge” in this month’s *Florida Water Resources Journal* for details).

By participating in the FW&PCOA’s Group Membership Billing program, you can eliminate the time, effort and cost associated with:

- ¾ Staggered membership renewal dates
- ¾ Collecting individual renewal invoices from multiple utility locations
- ¾ Writing multiple membership dues checks throughout the year
- ¾ Mailing multiple membership renewals throughout the year

**ONE CHECK (OR CREDIT CARD PAYMENT) PER YEAR
PAYS ALL YOUR UTILITY’S MEMBER DUES!**

Here’s how it works:

1. Review the attached list identifying members who, according to our records, are employed by your utility.
 - a. Strike through the names of the individuals for which your utility no longer wishes to pay member dues
 - b. Attach a list identifying individuals that you would like to add to your Group Billing
2. Enter the information requested on the enclosed FW&PCOA Group Billing Request Form
3. Mail the attached FW&PCOA Group Billing Request Form and your updated member list (**No Payment is required at this time**) to:

FW&PCOA P.O. Box
33119
Palm Beach Gardens, Florida 33420-3119
<http://www.fwpcoa.org>

Or fax to (561) 624-2839
Or scan and e-mail to memfwpcoa@aol.com

4. An invoice for all indicated employees will be mailed 60 days prior to the specified renewal month.

Questions? Call us at (561) 840-0340 and we’ll get you started

SIMPLIFY YOUR LIFE

BEGIN FW&PCOA MEMBERSHIP GROUP BILLING TODAY!!!



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GROUP BILLING REQUEST FORM

Organization (Utility) Name:

Section Name, If Applicable

(Water Plant, Wastewater Plant, Water Distribution, Wastewater Collection, Office, Etc.):

Address to Which FW&PCOA Dues are to be Billed:

Attention (Must be an Active Member):

Name: _____

Title: _____

Preferred Billing Month (Month Your Dues Will Be Billed):
