

Associate Membership Application

Name _____ Birthdate ____ / ____ / ____

Job title _____

Employer _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal code _____

Business phone _____ Fax _____ Web address _____

Email address (office) _____ Email address (home) _____

NGWA occasionally makes members' postal addresses available to vendor partners who supply products and services to the groundwater community. If you prefer not to be included on these lists, please contact customer service at (800) 551-7379 or (614) 898-7791 outside the United States, or email customerservice@ngwa.org with your request.

Associate member dues

☐ Individual — \$150 \$ _____

Payment information (All fees listed are USD.) (Add an additional \$25 for bank transfers.)

Total membership fees \$ _____

Membership may be paid by check, money order, VISA, MasterCard, Discover, or American Express (circle one).

Check/money order made payable to NGWA (enclosed) # _____ Today's date _____

Credit card # _____ Printed name _____

Expiration date _____ CVC _____

Signature _____

Brokerage and customs charges may be applied. Dues may be deductible as an ordinary and necessary business expense to the extent not allocated to lobbying expenditure. NGWA estimates that the nondeductible portion of dues is 10%.