

- () Active
- () Associate

MISSISSIPPI WATER AND POLLUTION CONTROL OPERATORS' ASSOCIATION, INC.

APPLICATION FOR INDIVIDUAL MEMBERSHIP

PLEASE PRINT OR TYPE

NAME _____

STREET OR P. O. BOX _____ CITY _____

COUNTY _____ STATE _____ ZIP _____

EMPLOYER _____

EMPLOYER ADDRESS _____

BUSINESS PHONE NO. _____ RESIDENCE PHONE NO. _____

\$100 MEMBERSHIP FEE MUST ACCOMPANY APPLICATION CHECK OR MONEY ORDER NO. _____

BEGINNING JANUARY 1, 2009 MEMBERSHIP WILL BE FOR A 3 YEAR PERIOD

SIGNATURE _____ DATE _____

Please complete and return this form to:

MWPCOA, P. O. DRAWER 720399, JACKSON, MS 39272 - IF YOU HAVE QUESTIONS, PLEASE CALL (601) 857-0512.