



MARITIME PROVINCES
WATER AND WASTEWATER ASSOCIATION

ALUMNI MEMBERSHIP APPLICATION FORM

First Name	Initial	Last Name		
Years as a Member of MPWWA	From	Year	to	Year
Mailing Address	Street	Town	Province	Postal Code
Phone number ()	Alternate Number ()	e-mail address		

FIELD OF WORK

- | | | | |
|--------------------------|----------------------|--|-----------------------|
| <input type="checkbox"/> | Water Treatment | <input type="checkbox"/> | Water Distribution |
| <input type="checkbox"/> | Wastewater Treatment | <input type="checkbox"/> | Wastewater Collection |
| <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Consultant |
| <input type="checkbox"/> | Federal Government | <input type="checkbox"/> | Provincial Government |
| <input type="checkbox"/> | Other _____ | Years in Water/Wastewater Industry _____ | |

- FEES:** Alumni Membership is free
- VOTING:** Alumni Members do not have voting privileges
- NEWSLETTER:** Alumni Members will receive the MPWWA Report newsletter if a mailing address is provided
- TRAINING:** Alumni Members may participate in training offered through MPWWA

RETURN COMPLETED FORM TO: Clara Shea, Registrar MPWWA
Box 28142
Dartmouth, NS B2W 6E2
Phone: (902) 434-8874
Fax : (902) 434-8859
e-mail: contact@mpwwa.ca

Website : www.mpwwa.ca