

**WWNS 2012 Membership Application Form**

This is an application to become a member or renew an existing membership in the Waste Water Nova Scotia Society, a not-for-profit organization of persons engaged in the on-site sewage industry in Nova Scotia.

**Name of Applicant:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone # Home:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**County (eg: Pictou County):** \_\_\_\_\_

**Company/Employer's Name:** \_\_\_\_\_

**What type of services do you/your employer offer?** \_\_\_\_\_  
 \_\_\_\_\_

Please indicate which certificate of qualification(s) (license(s)) that you are **eligible** to hold by checking each in the “**Qual**” column. Also check the “**Lic**” column **ONLY** if you currently hold a **valid** license, and put your license number in the “**License #**” column.

	<b>Qual</b>	<b>Lic</b>	<b>LICENSE #</b>	<b>OFFICE</b>	<b>USE</b>
QP1					
QP11					
INSTALLER					
SEPTIC TANK CLEANER -PUMPER					
PORT. REST ROOM OPERATOR					

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Mail completed application form and a \$100.00 cheque or money order, payable to Waste Water Nova Scotia to:**

**WWNS  
 Box 4, RR#4  
 New Glasgow, NS, B2H 5C7**

<b>FOR OFFICE USE ONLY</b>	
Date _____	
Cheque # _____	
Receipt _____	
DB: _____	

Please check this box if you **do not** want your contact information displayed on the WWNS Web Page