

WWNS 2010 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: _____ **County:** _____ **Postal Code:** _____

Telephone # Home: _____ **Business:** _____

Cell: _____ **Fax:** _____

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.

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

Date: _____ **Signature:** _____

Mail completed application form and a \$50.00 cheque or money order, payable to Waste Water Nova Scotia to:

**WWNS
Box 4, RR#4
New Glasgow, N.S.
B2H 5C7**

FOR OFFICE USE ONLY	
Date	_____
Cheque #	_____
Receipt	_____
DB:	_____