



# Nova Scotia Ground Water Association

#3-644 Portland St Suite 417, Dartmouth, Nova Scotia B2W 2M3

1-888-242-4440 Fax (902) 435-0089 E-mail: nsgwa@aliantzinc.ca

## Individual Application for Membership – 2012

Please print clearly

I, (person's name) \_\_\_\_\_, the undersigned, hereby apply for membership in the Nova Scotia Ground Water Association.

Do you want your membership information posted on the NSGWA website? Yes  No

Do you want further communication from NSGWA via e-mail  or Canada Post

Mailing address: c/o (if company address)		Is this a work or home address?
_____		
Street _____	_____	
Town _____	Province _____	Work <input type="checkbox"/>
Postal Code _____	County _____	Home <input type="checkbox"/>

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am applying for membership in the following category (you can apply for more than one category but you still only pay a maximum of \$200):

	Full membership cost	Associate ( <b>non-voting, non-certified</b> ) membership cost
Driller	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100
Digger	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100
Pump Installer	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100
Supplier	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100
Technical	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100

I am enclosing \$ \_\_\_\_\_ cash or \$ \_\_\_\_\_ cheque (made out to NSGWA).

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Please submit a separate application for each individual.

Membership dues must be received by the NSGWA office no later than February 28, 2012.

### Office Use Only

Received:

Method of Payment:

Receipt: