

Kansas Ground Water Association
P O Box 107
Mullinville, KS 67109

2009-2010

Membership Application

Company: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Donations are accepted for the Scholarship Fund. Amount included for this fund. _____

Check appropriate division and send with check to the address above.

_____ **Contractor's Division** **\$150.00**

Any person, firm or corporation having a regularly established place of business and engaged in the business of drilling and/or servicing water wells and/or pumps, shall be eligible for membership in the Contractors Division.

_____ **Manufacturers & Suppliers Division** **\$150.00**

Any person, firm or corporation engaged in the manufacture or sale of merchandise, materials, accessories or services used or sold by active members shall be eligible for membership in the Manufacturers & Suppliers Division.

_____ **Technical Division** **\$150.00**

Persons, firms or organizations engaged in occupations pertaining to the supervision, regulation or investigation of underground water or ground water supply, or any teacher in a recognized institution whose field of teaching, research, or study is of interest to and/or associated with the water well industry, shall be eligible for membership in the Technical Division.

_____ **Technical Division Individual** **\$ 50.00**

(firm must be member first)

_____ **Associate/Student Member** **\$ 35.00**

Any individual or organization who wishes to be supportive of the Kansas Ground Water Association, its goals and objectives, not eligible for any of the above divisions is eligible for Associate membership. Any Individual enrolled in an accredited high school, university, college, preparatory school, or vocational education program, public or private, studying or teaching subject matter embracing the ground water industry.

*****If you are a licensed contractor that would like to be listed on the Contractor Locator at www.kgwa.org, please fill out the following information:**

Kansas Counties Served: _____

Please Circle your primary types of service:

Domestic Well Drilling

Domestic Well Service

Irrigation Well Drilling

Irrigation Well Service

Environmental Well Drilling

Environmental Well Service

Please make checks payable to KGWA ***Membership year is from July 1 to June 30**

Please return this form with your membership check.