

MAIL TO:

## Northwest District Of the Arkansas Water Works and Water Environment Association www.nwd-awwwea.org



Austin Ramsfield - Chair 479-443-3292

Darryl Fendley - Secretary/Treasurer 479-756-3651

Tiffany Mallard - Vice Chair 479-756-3657

MEMBERSHIP DUES SCHEDULE

## 2023 MEMBERSHIP RENEWAL INVOICE

- 1. Complete the membership application form as indicated (Print legibly or type only). Attach additional sheets as necessary providing the requested information for each employee.
- 2. Include applicable fee (see Dues Schedule), make check payable to NWD of AWW&WEA
- 3. Remit completed application and dues Before March 15, 2023 to:

NWD AWW&WEA c/o Darryl Fendley 301 N. Primrose Road Lowell AR 72745	11 to 25 26 or mo Vendor Consulti Web Site	persons persons ore persons or Manufacturer ing Engineer e Sponsor	\$ 200.00 \$ 400.00 \$ 50.00 \$ 50.00 per Firm	
Total # of Employees		dors or others intereste ting lunches, please co		
Submitted:		easurer Darryl Fendley a	nt 479-756-3651	
Total Fees Invoiced: \$		dfendley@bwdh2 Water or Wastewater op D lifetime membership l	perators may obtain	
Date Invoiced:	_	completing the retiree form at nwd-awwwea.org		
PRIN	IT LEGIBLY OR T	YPE ONLY		
Organization Name:				
Contact Person:		Title:		
E-mail Address:	Phone:			
Mailing Address:				
City:	State:	Zip		
All members' hours will be credited card, contact Sarah Pierce at ADE carissa.ansel@arkansas.gov				

## PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL USING DISTRICT MEETINGS FOR ADEQ OR ADH TRAINING HOURS Page 1 of

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NAME (Last Name, First) Print or Type - please list	Training ID – last 4 # of SS # and first 3	E-mail Address – Please print legibly or type for each employee wishing to
alphabetically	letters of last name- Ex. 0000ABC	receive E-mail correspondence

## PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL USING DISTRICT MEETINGS FOR ADEQ OR ADH TRAINING HOURS

Page 2 of \_\_\_\_\_

NAME (Last Name, First)	Training ID - last 4	E-mail Address - Please print legibly
Print or Type - please list	# of SS # and first 3	or type for each employee wishing to
alphabetically	letters of last name-	receive E-mail correspondence
	Ex. 0000ABC	