



Southern Indiana Operators Association 2013 Membership Application

Name: _____

Name of Utility/Business you represent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Position held: _____

E-mail Address: _____

_____ check if you want to receive announcements via email

If you receive monthly announcements via email, you will not receive it via regular mail.

Certification held: _____ Cert.#: _____ Exp. Date: _____

MEMBERSHIP DUES:

_____ Active (\$6.00) (Working for or retired from a WWTP)

_____ Associate (\$15.00) (Manufacturers, Suppliers, Engineers, Consultants)

_____ Honorary (\$0.00) (Elected by the Association for Lifetime Membership,
(but please fill out and send in so we can keep our records updated.)

Are you a first-time member? _____ Year joined Assoc.: _____

Would you be interested in serving on a committee? _____

If so, please put a check beside the committee you might be interested in.

Program Committee: _____ Special Events Committee: _____

Nominating Committee: _____ Membership Committee: _____

Awards Committee: _____ Public Relations Committee: _____

Mail application with a check payable to S.I.O.A. for dues to:

Rachel Lockhart

Wessler Engineering

6219 South East Street

Indianapolis, IN 46227

Phone: 317/788-4551

Application must accompany payment by the 3rd Wednesday of February to keep your name in the monthly mailing database.