



# Southern Indiana Operators Association, Inc. 2019 Membership Application

*\*Renewals are to be paid by 2/17/19 to remain as a member in the database and receive discounted meeting registrations.*

Name:					
Employer:					
Mailing Address:					
City:		State:		Zip:	
Phone:		Fax:			
Position Held:					

Please check one:					
<input type="checkbox"/>	Would prefer hard copy of announcements be sent by mail.				
<input type="checkbox"/>	Would prefer announcements be sent electronically through E-mail.				
<input type="checkbox"/>	E-mail address: _____				

Certification held:						
<input type="checkbox"/>	Class:		Cert.#		Exp. Date:	
<input type="checkbox"/>	Class:		Cert.#		Exp. Date:	
<input type="checkbox"/>	Class:		Cert.#		Exp. Date:	

Would you be interest in serving on a committee?
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If so, please check beside the committee you would be interested in.

Program:	_____	Special Events:	_____
Nominating:	_____	Membership:	_____
Awards:	_____	Public Relations:	_____

Membership Dues:			
<input type="checkbox"/>	Active	(\$10.00)	Working for or retired from a WWTP.
<input type="checkbox"/>	Associate	(\$20.00)	Manufacturers, Suppliers, Engineers, Consultants
<b>Please make check payable to Southern Indiana Operators Association, Inc. or SIOA. Mail with application to SIOA, Michele Higdon, Secretary/Treasurer, City of Shelbyville WRRF, 775 W. Boggstown Road, Shelbyville, IN 46176.</b>			

Office use only:		
Method of payment:	_____	Check #: _____ Date of Payment: _____