



# Nova Scotia Ground Water Association

Well Drillers ● Well Diggers ● Pump Installers ● Manufacturers & Suppliers ● Technical

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www.nsgwa.ca

## 2019 Membership Form

I, (Person's name) \_\_\_\_\_, the undersigned, hereby apply for Membership with the Nova Scotia Ground Water Association.

Do you want your membership information posted on the NSGWA website?

Do you want further communication from NSGWA via Email  or Canada Post ?

Mailing address: c/o (if company address) \_\_\_\_\_

Is this a Home or Work address?

Street \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home:

Work:

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

Emergency Phone # \_\_\_\_\_ Email \_\_\_\_\_

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 ( <i>non-voting, non-certified</i> ) 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 **September 30, 2019.**

### Office Use Only

Received:

Method of Payment:

Receipt: