



Nova Scotia Ground Water Association

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

P.O. Box 794, Pictou, NS, B0K 1H0

Tel: 1-888-242-4440

Fax: 902-435-0089 nsgwa@ns.aliantzinc.ca

www.nsgwa.ca

2026 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 e-transfer 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 *April 30, 2026*.

Office Use Only

Received:

Method of Payment:

Receipt: