



Virginia Onsite Wastewater Recycling Association

Group Membership Form

Date: _____

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Group Number: _____	Email Address	Fee
Primary Member: _____		<u>\$425.00</u>
Affiliate Member 1: _____		<u>Included</u>
Affiliate Member 2: _____		<u>Included</u>
Affiliate Member 3: _____		<u>Included</u>
Affiliate Member 4: _____		<u>Included</u>
Each Additional Affiliate Member: _____		<u>\$55 each</u>

If any affiliate members have addresses you would like to be listed, please include them on a separate attachment and they will be added to the website directory.

Please return application and payment to VOWRA, 900 Waterton Street, Staunton, VA 24401 via USPS, email vowra.org@gmail.com or fax to 540-885-8501.

(There is a \$35.00 charge for returned checks and refund requests for dues will not be honored.)

Check One: Visa _____ MC _____

Number: _____ / _____ / _____

Name On Card: _____

Exp. Date: _____ Security Code: _____ Billing Zip Code: _____