



Southern Indiana Operators Association, Inc. 2018 Membership Application

**Renewals are to be paid by 2/17/18 to remain as a member in the database and receive emails or mailers.*

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.
	E-mail address: <input style="width: 80%;" type="text"/>

Certification held:						
	Class:		Cert.#		Exp. Date:	
	Class:		Cert.#		Exp. Date:	
	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:	
	_____ Active (\$10.00) Working for or retired from a WWTP.
	_____ Associate (\$20.00) Manufacturers, Suppliers, Engineers, Consultants
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.	

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