



Iowa Onsite Wastewater Association

2009 APPLICATION FOR IOWWA CERTIFIED INSTALLER

Please type or print

Name: _____

Employer or Business: _____

Street Address or P.O.Box: _____

City / State / Zip Code: _____

Phone Number: _____ Email: _____

Please **X** the following that are applicable:

- I have included a copy of my NEHA test results
- I have read and agree to abide by the Code of Ethics for IOWWA Certified Installers and have attached a signed copy
- I am a current IOWWA member. Member ID # _____
- *I wish to become an IOWWA member to take advantage of the member fees listed below and have enclosed my \$90.00 yearly membership fee.
- I do not wish to become an IOWWA member at this time
- I wish to become an IOWWA Certified Installer for 2009/2011 (Member fee \$50.00; Nonmember fee \$75.00)

| | | | |
|------------------------|----------------------------------|---------|-------|
| Amount enclosed | *2009 IOWWA Membership fee | \$90.00 | _____ |
| | IOWWA Certified Installer Member | \$50.00 | _____ |
| | Non-Member | \$75.00 | _____ |
| | Total \$ | | _____ |

Payment options (check one)

___ Check/Money order (Payable to IOWWA) ___ Visa or MasterCard only

Credit Card payment ONLY – complete ALL items. Form can be faxed to 515-225-8187

Visa/MasterCard Only # _____ Expire Date: ____/____

Cardholder: _____ Credit Card Payment Amount: \$ _____

Cardholder Email (if different from above contact email): _____

Applicant Signature: _____ **Date:** _____

Final approval of Certified Installer status will be at the discretion of the IOWWA Board

IOWWA ON SITE WASTE WATER ASSOCIATION, 10927 LINCOLN, DES MOINES, IA 50325
Alice Vinsand, Executive Director, Ph: 515-225-1051; Fax 515-225-8187
Certification Chairman: **Doug Bird, Bremer County, Ph 319-352-0332; Fax 319-352-5721**