



**Delaware Onsite Wastewater
Recycling Association**

P.O. Box 1696 | Dover, DE 19903
dedowra@gmail.com | www.dowra.org

MEMBERSHIP APPLICATION

Please complete all sections below in full. Print clearly in ink. Mail the completed application with dues payment to the address above, or submit online at www.dowra.org/membership.

SECTION 1 — MEMBERSHIP CATEGORY (please check one)

Individual / Professional Members:

- | | |
|--|---|
| <input type="checkbox"/> Class A — Individual Member | <input type="checkbox"/> Class E — Installer |
| <input type="checkbox"/> Class B — Designer | <input type="checkbox"/> Class F — Pumper |
| <input type="checkbox"/> Class C — Engineer | <input type="checkbox"/> Class H — Inspector |
| <input type="checkbox"/> Class D — Soil Scientist | <input type="checkbox"/> Class I — Inspector II |

Other Members:

- | | |
|--|---|
| <input type="checkbox"/> Supplier / Wholesaler | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Regulator | <input type="checkbox"/> Other (please specify below) |

Other (specify): _____

SECTION 2 — APPLICANT INFORMATION

Full Name: _____

Title / Position: _____

**Company /
Organization:** _____

**Business
Address:** _____

City: _____ **State:** _____

**ZIP
Code:** _____ **County:** _____

**Business
Phone:** _____ **Cell
Phone:** _____

Email Address: _____

Website: _____

SECTION 3 — LICENSE / CERTIFICATION NUMBERS (if applicable)

List all applicable Delaware or Delmarva-region licenses and certifications:

License / Cert Type: _____ License Number: _____

Issuing State / Agency: _____ Expiration Date: _____

Additional License Type: _____ License Number: _____

Issuing State / Agency: _____ Expiration Date: _____

SECTION 4 — DUES & PAYMENT

Annual membership dues invoices are sent upon approval. For current dues amounts, visit www.dowra.org or contact dedowra@gmail.com.

Make checks payable to: **DOWRA**

Payment Method:

Check (enclosed) Online at www.dowra.org Invoice me

SECTION 5 — AGREEMENT & SIGNATURE

By signing below, I agree to abide by the DOWRA By-Laws and Code of Ethics, and I certify that the information provided on this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Title / Position: _____

RETURN COMPLETED APPLICATION TO:
DOWRA | P.O. Box 1696 | Dover, DE 19903
Email: dedowra@gmail.com Web: www.dowra.org