

Northwest District Of the Arkansas Water Works and Water Environment Association www.nwd-awwwea.org



Darryl Fendley - Chair 479-756-3651 Tiffany Mallard - Secretary/Treasurer 479-756-3657

Christine Schneider - Vice Chair 479-925-7655

2024 MEMBERSHIP RENEWAL INVOICE

- 1. Complete the membership application form as indicated (Print legibly or type only). Attach additional sheets as necessary providing the requested information for each employee.
- 2. Include applicable fee (see Dues Schedule), make check payable to NWD of AWW&WEA
- 3. Remit completed application and dues Before March 15, 2024 to:

MAIL TO:	MEMBERSHIP DUES SCHEDULE			
NWD AWW&WEA c/o Tiffany Mallard PO Box 769 Springdale AR 72765	1 to 10 persons \$ 15.00 / person 11 to 25 persons \$ 200.00 26 or more persons \$ 400.00 Vendor or Manufacturer \$ 50.00 Consulting Engineer \$ 50.00 per Firm Web Site Sponsor \$ 50.00 per year (Submit logo with payment)			
Total # of Employees Submitted:	Vendors or others interested in sponsoring Meeting lunches, please contact Secretary / Treasurer Tiffany Mallard at 479-756-3657 or tmallard@springdalewater.com			
Total Fees Invoiced: \$	Retired Water or Wastewater operators may obtain free NWD lifetime membership by downloading and			
Date Invoiced:	completing the retiree form at nwd-awwwea.org			
PRINT LEGIBLY OR TYPE ONLY				
Organization Name:				
Contact Person:	Title:			
E-mail Address:	Phone:			
Mailing Address:				
City: Stat	e: Zip			
All members' hours will be credited by checking in at district meetings. If you have lost your				

All members' hours will be credited by checking in at district meetings. If you have lost your card, contact Sarah Pierce at ADEQ sarah.pierce@adeq.state.ar.us or Jack Gregg at ADH jack.greggjr@arkansas.gov

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL USING DISTRICT MEETINGS FOR ADEQ OR ADH TRAINING HOURS

Page 1 of _____

NAME (Last Name, First)	Training ID - last 4	E-mail Address - Please print legibly
Print or Type - please list	# of SS # and first 3	or type for each employee wishing to
alphabetically	letters of last name-	receive E-mail correspondence
,	Ex. 0000ABC	

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL USING DISTRICT MEETINGS FOR ADEQ OR ADH TRAINING HOURS

Page 2 of _____

NAME (Last Name, First)	Training ID - last 4	E-mail Address - Please print legibly
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