

## WWNS 2024 Membership Application Form

This is an application to become a member or renew an existing membership in the Waste Water Nova Scotia Society, a not-for-profit organization of persons engaged in the on-site sewage industry in Nova Scotia.

Renewal

New Member

Name of Applicant: \_\_\_\_\_

Email address: \_\_\_\_\_

\*(if email is provided, newsletters and correspondence from WWNS will be sent by email)

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

County of Residence (eg: Pictou County): \_\_\_\_\_

Counties where you work: \_\_\_\_\_

Company/Employer's Name: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate which certificate of qualification(s) (license(s)) that you are **eligible** to hold by checking each in the “Qual” column. Also check the “Lic” column **ONLY** if you currently hold a **valid** license, and put your license number in the “License #” column.

	Qual	Lic	LICENSE #	FOR OFFICE USE ONLY Date _____ Cheque # _____ Receipt _____ DB: _____
Professional Engineer (QPI)				
QP (QP11)				
Installer				
Septic Tank Cleaner / Pumper				
Portable Restroom Operator				
Bed Flusher				
Other				

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payment Options:**

**A. Cheque or money order:** Mail completed application form and a cheque or money order for \$100.00 payable to Waste Water Nova Scotia to:

WWNS  
60 Kyle Road,  
Greenwood, NS, B2H 5C7

**B. Email Transfer** – [wastewaterns@eastlink.ca](mailto:wastewaterns@eastlink.ca) (please include membership form with password notice)

Please check this box if you **do not** want your contact information displayed on the WWNS Web Page