

WWNS 2025 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: _____

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:

**166 Patterson Road
Boularderie East, NS
B1X 1H9**

B. Email Transfer – office@wwns.ca (Membership application must be sent to WWNS)

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