



LOCAL ASSOCIATE MEMBERSHIP FORM

Please complete in full. Print legibly or type to ensure our accuracy.

Name:

Position/Title:

Affiliation/Company:

??????

Home Address:

Business Address:

Phone:

Phone:

Fax:

Fax:

e-mail:

e-mail:

Please direct all correspondence to my:

Home

Business

??????

Membership fee - \$40.00 per calendar year (January to December)

Please make checks payable to: A&WMA – West Michigan Chapter

Return application with payment to:

Air & Waste Management Association-West Michigan Chapter

Membership

PO Box 465

Ada, MI 49301

Please feel free to suggest any topics of interests you would like to be considered for Chapter Events.
