



MEMBERSHIP APPLICATION

I hereby apply for membership in the Illinois Association of Groundwater Professionals and, if accepted, will abide by its bylaws and code of ethics, support its objectives and pay membership dues.

Name

Company or Organization

Address

City/State/Zip

Phone (include area code)

Contractor License #

Referred by

Membership Level: **\$180 Active** (water well or pump installation contractor w/Illinois license)

\$50 Additional Active (licensed or non-licensed employee of Active Member)

\$150 Associate (any firm or corporation engaged in manufacturing, selling or jobbing water well equipment and supplies or in providing services)

\$45 Affiliate (any person interested or involved with the water well industry, with the exception of those eligible for active or association membership)

Payment Enclosed: Check Visa MasterCard

Card #

Exp Date

Amount \$

Signature

Please return application with first year dues to:
IAGP PO Box 5378 River Forest, IL 60305
Phone: 708-488-8993 or 800-990-2209 Fax: 708-488-8922

IAGP is a member of the National Ground Water Association, Illinois Environmental Health Association, the Groundwater Foundation and the American Ground Water Trust.