



PLEASE COMPLETE AND RETURN WITH MEMBERSHIP FEE

MEMBER

Business Name:	
Principal/Applicant Name:	
Address:	Postal Code:
	Province:
Telephone Number: () -	Fax Number: () -
E-mail:	
Website:	

CATEGORY

Services/Products

<input type="checkbox"/> Driller	
<input type="checkbox"/> Supplier/Manufacturer	
<input type="checkbox"/> Technical	
<input type="checkbox"/> Other	

COMMUNICATION PREFERENCES

E-mail Telephone Fax Posted Mail

WEBSITE PREFERENCES

List in Member Directory DO NOT list in Member Directory

PAYMENT

Membership fee:	\$350.00
Make cheque payable to:	SASKATCHEWAN GROUND WATER ASSOCIATION
Send to:	Saskatchewan Ground Water Association P.O. Box 9434 Saskatoon, SK S7K 7E9

- I/We hereby apply for Membership in the Saskatchewan Ground Water Association.
- I pledge to agree to abide by the Saskatchewan Ground Water Association's "Code of Ethics and Conduct" and "Guidelines for Water Well Construction".

DATE: _____ SIGNED: _____