



Wisconsin Water Well Association (WWWA)

6737 W. Washington St., Suite 4270, Milwaukee, WI 53214

Office: 414-488-3908 • Fax: 414-755-1346 • Toll-Free: 855-947-9837

info@wisconsinwaterwell.com • www.wisconsinwaterwell.com

2026 WWWA MEMBERSHIP

There are countless benefits to being a dues-paying member of the WWWA. While many are intangible, WWWA members receive discounted event registration, including registration for Continuing Education and the option to participate in special 'member-only' perks like the annual scholarships, contributions to the tri-annual *Well Log* and more.

Please visit www.wisconsinwaterwell.com to find a more detailed listing of membership benefits and details on the networking and educational opportunities coming in 2026.

The Board of Directors hopes that 2026 will continue to be a strong membership year with many returning and new members who will help the WWWA fight for what's good and right – ***Water the Wisconsin Way: Fresh. Clean. Safe.***

Due to the Wisconsin Water Well Association are not deductible as charitable contributions for federal income tax purposes, but may be deductible as ordinary and necessary business expenses.

We hope to have your support!

CONTACT INFORMATION

Full Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ License Number: _____

Email: _____

YES! I want to be a WWWA member in the 2026 year.

Note: Membership Fee is *per individual* (not per company), valid January 1 - December 31.

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| <input type="checkbox"/> \$180 = FULL MEMBERSHIP (VOTING) - FIRST Member from a member company | PAYMENT DETAILS | | | | | | | | | | | | | | | |
| <input type="checkbox"/> \$130 = FULL MEMBERSHIP (VOTING) - ADDITIONAL Members from same company | <input type="checkbox"/> Check enclosed payable to: WWWA <input type="checkbox"/> Charge my credit card \$ _____ #: _____ Name: _____ Exp. Date: _____ CVV #: _____ | | | | | | | | | | | | | | | |
| Full Members MUST hold at least one license License # _____ Mark all that apply: <input type="checkbox"/> Pump Installer <input type="checkbox"/> Water Well Driller <input type="checkbox"/> Water Well Drilling Rig Operator <input type="checkbox"/> Heat Exchange Driller <input type="checkbox"/> Heat Exchange Drilling Rig Operator <input type="checkbox"/> Other License: _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> \$105 = ASSOCIATE MEMBERSHIP (NON-VOTING) License # _____ Mark all that apply: <table><tr><td><input type="checkbox"/> Employee of a Full Member <i>but who does NOT hold a license</i></td><td><input type="checkbox"/> Manufacturer Rep</td><td><input type="checkbox"/> Engineer</td></tr><tr><td><input type="checkbox"/> Family Member</td><td><input type="checkbox"/> Scientist</td><td><input type="checkbox"/> Consultant</td></tr><tr><td><input type="checkbox"/> Supplier/Distributor</td><td><input type="checkbox"/> Technician</td><td><input type="checkbox"/> Health Official</td></tr><tr><td><input type="checkbox"/> Manufacturer</td><td><input type="checkbox"/> Hydrogeologist</td><td><input type="checkbox"/> State Government Official</td></tr><tr><td></td><td><input type="checkbox"/> Geologist</td><td><input type="checkbox"/> Other: _____</td></tr></table> | <input type="checkbox"/> Employee of a Full Member <i>but who does NOT hold a license</i> | <input type="checkbox"/> Manufacturer Rep | <input type="checkbox"/> Engineer | <input type="checkbox"/> Family Member | <input type="checkbox"/> Scientist | <input type="checkbox"/> Consultant | <input type="checkbox"/> Supplier/Distributor | <input type="checkbox"/> Technician | <input type="checkbox"/> Health Official | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Hydrogeologist | <input type="checkbox"/> State Government Official | | <input type="checkbox"/> Geologist | <input type="checkbox"/> Other: _____ | Please return by fax: 414-755-1346 or scan/send to: info@wisconsinwaterwell.com or mail to address at top. Any questions, please call: 855-947-9837 |
| <input type="checkbox"/> Employee of a Full Member <i>but who does NOT hold a license</i> | <input type="checkbox"/> Manufacturer Rep | <input type="checkbox"/> Engineer | | | | | | | | | | | | | | |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Scientist | <input type="checkbox"/> Consultant | | | | | | | | | | | | | | |
| <input type="checkbox"/> Supplier/Distributor | <input type="checkbox"/> Technician | <input type="checkbox"/> Health Official | | | | | | | | | | | | | | |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Hydrogeologist | <input type="checkbox"/> State Government Official | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Geologist | <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> \$430 = CORPORATE MEMBERSHIP License # _____ Name of Administrative Member: _____ Email of Administrative Member: _____ | | | | | | | | | | | | | | | | |
| PRINTED NEWSLETTER OPTIONS Full Page Ad: <input type="checkbox"/> \$1,300 full year / <input type="checkbox"/> \$475 single issue Half Page Ad: <input type="checkbox"/> \$700 full year / <input type="checkbox"/> \$250 single issue Quarter Page Ad: <input type="checkbox"/> \$500 full year / <input type="checkbox"/> \$175 single issue | WEBSITE ADVERTISING <input type="checkbox"/> \$180 = Large Banner Ad (380 x 380 pixels) | | | | | | | | | | | | | | | |
| DONATIONS <input type="checkbox"/> Scholarship Fund: \$ _____ | <input type="checkbox"/> Silent Auction Item: _____ | | | | | | | | | | | | | | | |