The Kentucky Water and Wastewater Operators Association (KWWOA) is a statewide, non-profit with over 1,500 active and associate members in Kentucky and surrounding states.

Membership is offered to all certified drinking water and wastewater operators, lab analyst and utility employees. In addition, associate membership is available to engineers, manufacturers, suppliers, contractors, and others active or interested in the industry. Associate Member benefits include:

- Low cost membership for an unlimited number of employees.
- Member networking opportunities
- Access to front line employees as well as decision makers. A great mix of people who will ultimately speak to the need for your products/services.
- Ability to attend or present product/service information at KWWOA training events, showcasing employee knowledge/skills while supporting the operator community.
- With four KWWOA Chapters, regional staff may interact with the clients they serve and/or build relationships with operators in new areas of the state.
- Low-cost advertising opportunities via website banners, event sponsorships, newsletter advertisements, etc.
- Exhibit opportunities at rates lower than other environmental conferences.
- Bi-annual newsletter (H2Outlook) and website (www.kwwoa.org) that serve as valuable information resources/depositories.

Join KWWOA and make a difference!

“Working Together To Preserve The Environment and the Future Of The Water and Wastewater Operator”

To enhance the Kentucky Water Environment through training, education, certification and the exchange of operational and technical information with experienced water quality specialists.
Associate Membership Application/Renewal Form

Applications may also be filed at www.kwwoa.org and paid for via check or credit card.

Please print clearly

Company Name: _______________________________________________________________________________
Company Address: _____________________________________________________________________________
City: __________________________________________________ State: _________ Zip Code: ____________
Contact Person: ____________________________________________AI or KWW No.: _____________________
Phone: (_________) __________ - ____________ Email: __________________________________________

Associate Membership:  ○ Prior to February 28th .....$120.00  ○ After March 1 .....$140.00
Identify below the other members of your staff that you would like to have listed as a part of this Associate Membership.
If this is a renewal and the information on the employee’s KWWOA website account is correct, then simply list their KWW number below. If you have additional employees that you would like to have as members, feel free to copy this form.

Name: ____________________________________________AI or KWWOA ID No.:____________________
Address: ________________________________________________________Phone: ____________________
City: __________________________________________________ State: ___________________ Zip: __________
Email Address: ____________________________________ KLA Membership: ○ Yes, additional $10 required.

Name: ____________________________________________AI or KWWOA ID No.:____________________
Address: ________________________________________________________Phone: ____________________
City: __________________________________________________ State: ___________________ Zip: __________
Email Address: ____________________________________ KLA Membership: ○ Yes, additional $10 required.

Name: ____________________________________________AI or KWWOA ID No.:____________________
Address: ________________________________________________________Phone: ____________________
City: __________________________________________________ State: ___________________ Zip: __________
Email Address: ____________________________________ KLA Membership: ○ Yes, additional $10 required.

Total Included __________________