

Wastewater and Treatment Education Roundtable

Date: ___/___/___

2018 Member Information

Are you a cost-sharing entity for FY 2018? (Please circle). YES NO

Are you the sole point of contact for your entity? (Please circle). YES NO

If other individuals from your entity participate in this roundtable, please list their names here:

If you are a new member and are replacing a former member, please provide the name of the former member here: _____

Name: _____

Title: _____

Entity: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please complete form and return as a scanned PDF via email to:

Kate Powers
Email: kpowers@nctcog.org

