## Application for Membership in the Long Island Liquid Waste Association, Inc.



P.O. Box 2667, Lake Ronkonkoma, NY 11779 Tel: (631) 585-0448 Fax: (631) 585-0262 Email: info@lilwa.org

Name of Company:	
Address:	
	Email Address:
Nassau County Consumer Affairs Licens	se #:
	e #:
Type of Business:	
	lembership A: Associate Membership B:
Name of Company Representative: Home Address:	Title:
	Sponsored by:
Regular Mem	bership (Licensed Contractors)
<ul> <li>LILWA Certified</li> <li>Septic Tank Pumping</li> <li>Septic Tank Installation</li> <li>Grease Trap Service</li> </ul>	<ul> <li>Septic Service &amp; Inspections</li> <li>Septic Portable Lavatories</li> <li>Categories Not Listed</li> </ul>
Or Associate Members (Industry Suppliers and Supporters) Product or Services:	
The Schedule of Yearly Dues	

## 

50.00 (Additional Companies \$75.00)50.00 (Related Services Industry)50.00 (Not Industry Related)

We hereby apply for membership in the Long Island Liquid Waste Association, Inc. and agree to pay the above scheduled dues. The undersigned applicant in consideration of the efforts of the Association agrees to aid and to better the industry as a whole and agrees to become a member of the Long Island Liquid Waste Association, Inc. and agrees to abide by the rules, regulations, By-Laws and Constitution of this Association.

Applicant's Signature

Date

<u>All</u> applications and applicants are subject to the approval of the Board of Directors. Applicants will be notified of the Board's decision immediately after the Board has met within the month of application submission.

This agreement shall not be cancelled unless written notice is sent to the Association office by Registered or Certified Mail.