2021 WQA Industry Partner Program (IPP)

Company Name: _________________________________________________________________
Address: ________________________________________________________________________
City: ___________________________________________________________________________
State/Province:  __________________________________________________________________
Zip/Postal Code:  _________________________________________________________________
Country: ________________________________________________________________________
Phone: _________________________________________________________________________
Website: ________________________________________________________________________
Primary Contact: _________________________________________________________________
Title: __________________________________________________________________________
Email: __________________________________________________________________________

Is your business: check all that apply
☐ Finance  ☐ Marketing  ☐ Insurance  ☐ Other _____________

☐ Industry Partner Program $2630. (US Dollars)
Program applications will be processed upon verification of information provided. Fees are non-refundable.

Payment Options

• Visa, MC, AMEX or Discover
Credit Card #: ___________________________________________  Expiration Date: _____________________________
Signature: _____________________________________________  Security Code: ______________________________

• Mail applications and checks payable to WQA in US$ to Water Quality Association, PO Box 6161, Carol Stream, IL 60197-6161.

On behalf of Applicant the undersigned hereby states that Applicant has read and understands and, in consideration of Applicant’s admission to WQA Membership, agrees to the latest version of the Water Quality Improvement Industry Code of Ethics, which can be found online at WQA.org, and to pay, whenever due, all applicable initiation fees, dues, and assessments. Applicant further agrees to use the WQA Membership and IPP Logo solely and exclusively in accordance with the WQA Membership Logo Policy and recognizes that WQA has the right to immediately suspend or terminate Member’s right to use WQA’s Membership and IPP Logo in any respect if, in WQA’s sole judgement, it concludes that Member has violated such Policy.

Signature: ______________________________________________ Date: ______________________________

4151 Naperville Road; Lisle, IL 60532-3696 USA
Phone: 630-505-0160
Email: membership@wqa.org