

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 \$2500. (US Dollars)

Program applications will be processed upon verification of information provided. This is a 12-month program. 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

Fax: 630-505-4952

Email: membership@wqa.org

