



Kansas Small Flows Association

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www.ksfa.org

2017

MEMBERSHIP APPLICATION

January to December

NAME: _____
Please Print Last First MI

TITLE: _____

COMPANY/AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

MEMBER TYPE: **Professional** _____ **Supplier/Manufacturer** _____ **Regulator** _____
Associate Memberships _____ (How many?)

MEMBERSHIP RATES

Professional \$105.00 A person who is a Contractor, Engineer, Servicer, Installer, Builder, Soil Scientist, or Developer
Associates* \$60.00

Regulator \$80.00 A person who is a member or employee of a governmental agency

Supplier/Manufacturer \$180.00 A person who sells or supports the supplier or manufacturer
Associates* \$105.00

*Associates are additional persons from the same company.

AMOUNT ENCLOSED \$ _____ Check # _____

Please make checks payable to: "Kansas Small Flows Association" and mail to address above.

DATE: _____ SIGNED: _____

Contributions to KSFA are not deductible as charitable contributions for federal income tax purposes. However, dues payments *may* be deductible as an ordinary and necessary business expense. Please consult your tax advisor for more information.

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