**FLORIDA INDUSTRIAL PRETREATMENT ASSOCIATION, Inc.**

MEMBERSHIP APPLICATION (JAN-DEC 2025)

Please fill out the following information completely. The information provided is held in confidence and will not be provided for mailing lists to anyone other than the FIPA. Please print or type.

To pay online go to [www.fipaonline.com](http://www.fipaonline.com) or enclose a check or money order for $30 payable to the Florida Industrial Pretreatment Association, Inc. and mail to:

**Florida Industrial Pretreatment Association, Inc.**

**P.O. Box 1872**

**Windermere, FL  34786-1872**

[**secretary@fipaonline.com**](mailto:secretary@fipaonline.com)

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| --- | --- | --- | --- | --- | --- | --- |
| Type Of Membership (Check One): |  | Regulatory |  | Industrial |  | Corporate |

(**Regulatory** members shall consist of any municipal pretreatment program personnel or wastewater representatives or municipal laboratory personnel. Also included are members of government agencies that are engaged in pretreatment activities.  **Industrial** members are those who are responsible for operating or administering pretreatment equipment located in private or public industries with no vested interest in promoting sales, and/or services in pretreatment products or services. **Corporate** members shall consist of individual personnel from engineering firms, consultants, vendors, equipment suppliers, private laboratories and any other person interested in the objectives of the FIPA.)

“Only **Regulatory** members are allowed to vote”

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| Title: |  | First Name: |  | Last Name: |  | MI. |  |

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| Job Title: |  |

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| Company: |  |

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| Mailing Address: |  |

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| City: |  |  | State: |  | Zip Code |  |

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| Telephone: |  | Ext./Mobile: |  | Email: |  |

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For Official Use Date Entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Init. \_\_\_\_\_\_\_\_

AGREEMENT

I certify that my statements are correct and agree that I will be governed by the Articles and By-Laws and Policies of the Association,

and will conform to the FIPA Code of Ethics

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_