



**North Carolina Pretreatment Consortium, Inc**  
**Post Office Box 40117**  
**Raleigh, North Carolina, 27629-0117**

## **APPLICATION FOR MEMBERSHIP**

Individuals responsible for managing and/or operating Pretreatment Programs and/or FOG Programs for a municipality within the boundaries of the State of North Carolina are eligible for membership in the NC-PC. Please complete application and mail to the address above. After the application is reviewed, an invoice for \$25 will be issued.

Name: \_\_\_\_\_

Title & Current Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Municipality: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Number of SIU's: \_\_\_\_\_

Years in Pretreatment: \_\_\_\_\_

### **CONSORTIUM USE ONLY**

Eligible \_\_\_\_\_

Invoice Issued \_\_\_\_\_

Check # \_\_\_\_\_

Member Number \_\_\_\_\_