



# Missouri Smallflows Organization Company Membership Form

### Select Membership Type:

Annual Company Membership at \$560 \*Up to 4 members. \$100 per member after 4.

### Company Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Members:

**\*Please select one member to be the "Managing Member". The Managing Member will have the capability to register all company members through the Member Portal for classes and/or events.**

**Member 1:**  Managing Member

<b>Name:</b> Prefix: _____ First: _____ Middle Initial: _____ Last: _____ Suffix: _____	<b>Address:</b> _____ City: _____ State: _____ ZIP: _____ County: _____	<b>Phone:</b> _____ <b>Email:</b> _____ Check here if you want to be signed up for email updates on classes: <input type="checkbox"/> I would prefer the quarterly newsletter by: <input type="checkbox"/> email or <input type="checkbox"/> mail
DNR Certification Number (if applicable): _____ St. Louis County Number (if applicable): _____ DHSS License Numbers (if applicable): _____		
<b>Sectors:</b> <input type="checkbox"/> Regulator/Government <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Inspector/Evaluator <input type="checkbox"/> Realtor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Onsite Soil Evaluator <input type="checkbox"/> Percolation Tester <input type="checkbox"/> Installer <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sector Primary: _____ <input type="checkbox"/> Sector Secondary: _____		

By filling out this form you are agreeing to the Code of Ethics document on the Missouri Smallflows website.



## Missouri Smallflows Organization Company Membership Form

**Member 2:**  Managing Member

<b>Name:</b> Prefix: _____ First: _____ Middle Initial: _____ Last: _____ Suffix: _____	<b>Address:</b> _____ City: _____ State: _____ ZIP: _____ County: _____	<b>Phone:</b> _____ <b>Email:</b> _____ Check here if you want to be signed up for email updates on classes: <input type="checkbox"/> I would prefer the quarterly newsletter by: <input type="checkbox"/> email or <input type="checkbox"/> mail
DNR Certification Number (if applicable): _____ St. Louis County Number (if applicable): _____ DHSS License Numbers (if applicable): _____		
<b>Sectors:</b> <input type="checkbox"/> Regulator/Government <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Inspector/Evaluator <input type="checkbox"/> Realtor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Onsite Soil Evaluator <input type="checkbox"/> Percolation Tester <input type="checkbox"/> Installer <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sector Primary: _____ <input type="checkbox"/> Sector Secondary: _____		

**Member 3:**  Managing Member

<b>Name:</b> Prefix: _____ First: _____ Middle Initial: _____ Last: _____ Suffix: _____	<b>Address:</b> _____ City: _____ State: _____ ZIP: _____ County: _____	<b>Phone:</b> _____ <b>Email:</b> _____ Check here if you want to be signed up for email updates on classes: <input type="checkbox"/> I would prefer the quarterly newsletter by: <input type="checkbox"/> email or <input type="checkbox"/> mail
DNR Certification Number (if applicable): _____ St. Louis County Number (if applicable): _____ DHSS License Numbers (if applicable): _____		
<b>Sectors:</b> <input type="checkbox"/> Regulator/Government <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Inspector/Evaluator <input type="checkbox"/> Realtor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Onsite Soil Evaluator <input type="checkbox"/> Percolation Tester <input type="checkbox"/> Installer <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sector Primary: _____ <input type="checkbox"/> Sector Secondary: _____		

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## Missouri Smallflows Organization Company Membership Form

**Member 4:**  Managing Member

<p><b>Name:</b></p> <p>Prefix: _____</p> <p>First: _____</p> <p>Middle Initial: _____</p> <p>Last: _____</p> <p>Suffix: _____</p>	<p><b>Address:</b></p> <p>_____</p> <p>City: _____</p> <p>State: _____</p> <p>ZIP: _____</p> <p>County: _____</p>	<p><b>Phone:</b> _____</p> <p><b>Email:</b> _____</p> <p>Check here if you want to be signed up for email updates on classes: <input type="checkbox"/></p> <p>I would prefer the quarterly newsletter by: <input type="checkbox"/> email or <input type="checkbox"/> mail</p>
<p>DNR Certification Number (if applicable): _____ St. Louis County Number (if applicable): _____</p> <p>DHSS License Numbers (if applicable): _____</p>		
<p><b>Sectors:</b></p> <p><input type="checkbox"/> Regulator/Government      <input type="checkbox"/> Professional Engineer      <input type="checkbox"/> Inspector/Evaluator      <input type="checkbox"/> Realtor</p> <p><input type="checkbox"/> Manufacturer      <input type="checkbox"/> Onsite Soil Evaluator      <input type="checkbox"/> Percolation Tester      <input type="checkbox"/> Installer</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Sector Primary: _____ <input type="checkbox"/> Sector Secondary: _____</p>		

**Payment Options:**

1. Pay online with credit card. To pay online, create a profile on Pipevine Tracks to purchase membership:  
<https://pipevinetracks.com/#/registration/memberships/mso>
2. Pay by credit card by calling the MSO office at 417-631-4027. Email this form before you call to:  
[contact@mosmallflows.org](mailto:contact@mosmallflows.org) or [education@mosmallflows.org](mailto:education@mosmallflows.org).
3. Mail the completed form with a check made out to Missouri Smallflows Organization: 2733 E Battlefield #132, Springfield, MO 65804



Get Membership Online Today!

*\*MSO anticipates that no more than 10% of your dues are used towards governmental affairs and therefore are not deductible.*

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