



Water & Sewer Distributors of America

COMMITTEE MEMBER AGREEMENT FORM

Committee Name: _____
Committee Member Name: _____
Email: _____
Company Name: _____

- Distributor
- Manufacturer

Please list other WASDA
Committees of which you
are a member:

Qualifications of a Committee Member

- Employee of a member in good standing
- Ability to travel to at least one committee meeting per year
- Ability to participate in periodic teleconferences
- Ability to actively participate and contribute to Committee projects and initiatives

I hereby certify that I am eligible to participate as a Committee Member, per the qualification guidelines provided above.

Print Name

Completed forms may be submitted to info@wasda.com