OWMA
Ontario Waste Management Association

ASSOCIATE MEMBERS
ANNUAL SOURCEBOOK INFORMATION

PLEASE FILL OUT THE FOLLOWING INFORMATION TO BE INCLUDED IN OUR ANNUAL SOURCEBOOK AND ON OUR WEBSITE AT www.owma.org. **PLEASE FILL OUT A SEPARATE SHEET FOR EACH LOCATION.**

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Company Representative: _____Title: _____

Company Representative: _____Title: _____

Tel ( ) _____ Fax ( ) _____ e-mail _____

Website: _____

ASSOCIATE MEMBER CATEGORIES:

Please indicate which category is most applicable:

1. Legal
2. Consultant
3. Equipment Manufacturer
4. Other Professional Services

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SERVICES AND/OR SUPPLIES YOU PROVIDE TO THE WASTE MANAGEMENT INDUSTRY.

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