



QUARTER CENTURY OPERATOR CLUB Eligibility Requirements

The Quarter Century Operator Club recognizes operators of wastewater treatment facilities for their service and dedication in a difficult and dangerous profession. The Club was created under the sponsorship of **Frank Woodbury Jones**, who served as the Club's first registrar.

Eligibility Requirements:

- Member of WEF for a minimum of five consecutive years immediately preceding application.
- Significant, full-time participant in the water environment profession for a minimum of 25 years, 10 years of which must have been in active participation in the day-to-day collections, maintenance, operations, laboratory, or management of a wastewater transportation or treatment facility.
- Completed and signed application.

Applications Accepted From: WEF Professional Wastewater Operations Members

NOTE: Applications must be signed and submitted by the individual applicant.

E-mail or mail completed and signed application to:

Water Environment Federation

Attn: Kelsey Hurst

601 Wythe Street

Alexandria, VA 22314

khurst@wef.org

Ph: 703-684-2477

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QUARTER CENTURY OPERATOR CLUB Application

All requested information must be provided in order to process the application. Incomplete applications will be returned to the applicant and may result in a delay in approval.

WEF Membership #:

WEF Member Association (MA):

Name:

MA Contact Name:

Address:

MA Address: (No P.O. Boxes):

Phone:

E-mail:

By completing this application, I certify that:

- I have been a WEF member for a minimum of five (5) consecutive years.*
- I have been a full-time participant in the water environment profession for a minimum of twenty-five (25) years.*
- Ten (10) years of my water environment professional employment has been in the active, day-to-day operations, maintenance, laboratory or management of a water transportation or treatment facility.*

Full Employment history: (provide dates & places of employment including military service or attach resumé):

10 year Day-to-Day Experience Description: (Describe the type of facility operated, maintained or managed and provide dates of employment:)

Signature _____
(Required)

Date _____

Print this form out and sign it on the line above.

Submit the signed and scanned form to Kelsey Hurst At: khurst@wef.org