

Ohio HDD Association



OHIO HDD Membership Application

Company Name _____

Representative to HDD _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

(I/We) hereby apply for the following category of membership:

- General Membership @ \$320
- Associate Membership @ \$320
- Affiliate Membership @ \$50

(Note: Applicant must meet the qualifications of one of the types of membership of OHIO HDD, be of good standing in the industry and/or community and adhere to the good drilling practices as published by the HDD Consortium.)

General Membership. Firm or individual actively engaged in the industry of horizontal directional drilling of good standing in general; provides product or service to another firm or individual by means of horizontal directional drilling industry; resides or does business in state of Ohio.

Check if you need a copy of the good drilling practices guide.

Associate Membership. Firm or individual who manufactures or supplies equipment or product used in the normal conduct of construction activity in the horizontal directional drilling industry or and individual in an educational capacity involved in the horizontal directional drilling industry involved in the hdd industry at an institution of higher education or an individual who possesses an engineering degree applicable to the industry.

Check if you need a copy of the good drilling practices guide.

Affiliate Membership. Any individual who works in the industry and/or is employed by an individual or firm in the industry who/which is a general member of OHIO HDD.

Ohio HDD Association



Please list affiliate members below:

(Affiliate membership only available to person or persons associated with a general or associate member)

Name _____
Company _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Email _____

Name _____
Company _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Email _____

Name _____
Company _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Email _____

Total Membership Fees Remitted:

_____ General Membership @ \$320.00
_____ Associate Membership @ \$320.00
_____ Affiliate Membership(S) @ \$50.00
Total _____

Signature _____ Date _____

Return this form (along with payment) to:

Richard Krzys, Executive Director
OHIO HDD Association
PO Box 778
Mantua, Ohio 44255
Phone: 330-274-3411
Cell 440-668-5238
Email: director@ohiohdd.com