**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 OperationsMembers

*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

**Application begins on Page 2**

**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): NYWEA**

 **Name: MA Contact Name: Patricia Cerro-Reehil**

**Address: MA Address (No P.O. Boxes): 525 Plum St. Ste 102**

 **Syracuse, NY 13204**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Required)***