



(OSSF/ Septic Service & Management Company)
Membership Enrollment Form

NOTE: As a septic check member, even with the free membership, you have access to a package of benefits & special discounts, so take the opportunity to take advantage of them. These membership programs are for all types of OSSF's/Septic Systems.

Name: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone No.'s Include area code. (hm) _____ (cell) _____

Do you want us to contact you by [] phone or [] email?

Email address: _____

County or regulating authority: _____

System type: _____

Age of OSSF/Septic System: _____

Maintenance Provider if Aerobic System: _____

Select Membership Choice Below:

- [] One Check Membership (Free)
[] Double Check Membership (\$295.00)
[] Triple Check Membership (\$145.00)

or

- [] Requesting real estate resale inspection.
[] Requesting information on Maintenance Agreement on your aerobic system.

Additional Information: Please include special instructions that you think we might need to know. If you select the Triple Check Membership or a Maintenance Provider where we meet with you at your property, please provide any gate codes, access instructions, pets, any septic problems, etc.

Four horizontal lines for providing additional information.