



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.

The Quarter Century Operator Club (QCOC) application must be submitted at least **8 weeks before the annual conference meeting date.**

E-mail or mail completed and signed application to:

Water Environment Federation
Attn: Rebecca Culhane
601 Wythe Street
Alexandria, VA 22314
rculhane@wef.org
Ph: 703-684-2400 ext. 7070

Shipping Preference:

Your plaque will be shipped to and presented by your Member Association (MA) at their annual conference; the Quarter Century Operator Club (QCOC) application must be submitted at least **8 weeks before the annual conference meeting date.** Please reach out to your MA for conference-specific questions.

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.

Was the local Member Association (MA) alerted about this nomination? ___ Yes / ___ No

Are you submitting this application on behalf of yourself or someone else? ___ Myself / ___ Someone else

If you are submitting this on behalf of someone else, please provide your contact information below:

Name, Phone Number, and Email:

If you are submitting this on behalf of someone else, is this a surprise to the recipient? ___ Yes / ___ No / ___ N/A

(The information listed below should reflect the information for the applicant/recipient of this award)

WEF Member Association (MA): _____

WEF Membership #: _____

Applicant Name: _____

Address (No PO Box): _____

Phone #: _____

Applicant Email: _____

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.*

Please provide a detailed report of the requested points below (continued on page 3):

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: _____

Additional page for use as needed: