

GROUNDWATER GUARDIAN TEAM ROSTER

A team should include at least four members and be representative of the community/service area. Team members will be added to The Groundwater Foundation's e-mail list to receive periodic program updates.

Contact Person:

Address:

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Daytime Phone: _____ **Fax:** _____

E-mail:

Title and Organization:

Representative Category/Categories:

Citizen Business/Agriculture Education Government Other (if applicable) _____

Contact Person:

Address:

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Daytime Phone: _____ **Fax:** _____

E-mail:

Title and Organization:

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E-mail:

Title and Organization:

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(Duplicate as Needed)