



Groundwater Guardian Team First Time Application

The Groundwater Guardian status is valid for a calendar year beginning on January 1 and ending December 31 of that same year. (Applications submitted at any point after January 1 through December 1 of the subject year are treated as the full subject year.) The application fee for Groundwater Guardians is \$100 annually. (Please use the Groundwater Guardian Fee Form to submit your fee with this application.)

Questions? Need help? Contact the Groundwater Foundation at 1-800-858-4844 or guardian@groundwater.org.

Contact Information

Groundwater Guardian Team Name: _____

Name of Entity Paying Fee: _____

Contact Person: _____

Address: _____

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

Phone: _____ Email: _____

Website: _____

Alternate Contact: _____ Phone/Email: _____

Social media (Facebook, Twitter, or Instagram, etc.)

Please describe your geographic area or focus related to groundwater.

Please describe your activity to protect groundwater in your community or to educate population about groundwater awareness, conservation, pollution prevention, public policy, or best management practices.

What are three specific goals of your activity by which you will measure success?

a. _____

b. _____

c. _____

How will you accomplish these goals?

How will you share your success as a Groundwater Guardian?

Groundwater Guardian Fee Form

This form should accompany your initial application to become a Groundwater Guardian. The Groundwater Guardian status is valid for a calendar year beginning on January 1 and ending December 31 of that same year. (Applications submitted at any point after January 1 through December 1 of the subject year are treated as the full subject year.)

The application fee for Groundwater Guardians is \$100 annually.

Program Year: _____

Groundwater Guardian Team Name: _____

Name of Entity Paying Fee: _____

Contact Person: _____

Address: _____

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

Phone: _____ Email: _____

Payment Information:

Please find a check payable to The Groundwater Foundation for \$_____.

Please charge my Visa, MasterCard, Discover, or American Express Card for \$_____.

Card Number: _____ Expiration: _____

CVV: _____ Card Holder's Name: _____

Cardholder's Address: _____

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

Authorized Signature: _____

Submit payments to: The Groundwater Foundation; 601 Dempsey Road; Westerville, OH 43081. You may submit via fax at 614.898.7786 or online at www.groundwater.org.