

**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.*

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](mailto: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:**