



Job Bank Advertisement Form

Email, fax or mail this form with your ad and payment to:

PWEA ~ P.O. Box 3367 ~ Gettysburg, PA 17325-7362
717-642-9508 FAX ~~~ 717-642-9500
pwea@pwea.org

The Job Bank, a **member-only** benefit, is distributed to members on the first business day of each month by email or fax. Persons searching for a new career and employers seeking qualified candidates are encouraged to participate in this program. The **Job Bank** provides a targeted, economical, and time-responsive service connecting industry professionals with current employment opportunities in the wastewater/water industry and associated businesses.

Ads need be submitted along with payment by check or credit card to the PWEA office **by the 25th of the month** in order for the ad to be issued. Prices indicated are **per ad** and are for a one-time distribution of your ad. **An electronic file of your ad should be emailed to pwea@pwea.org.** Ads to sell personal property will not be accepted. Ads are restricted to non-commercial purposes. The Pennsylvania Water Environment Association reserves the right to reject ads it deems unsuitable.

| Ad Length | Job Candidate (Member) | Job Candidate (Non-Member) | Employer (Member) | Employer (Non-Member) |
|------------------|------------------------|----------------------------|-------------------|-----------------------|
| 50 words or less | \$10 | \$20 | \$60 | \$70 |
| 51-100 words | \$20 | \$40 | \$120 | \$140 |
| 101-150 words | \$30 | \$60 | \$180 | \$210 |
| 151-200 words | \$40 | \$80 | \$240 | \$280 |
| 201-250 words | \$50 | \$100 | \$300 | \$350 |
| 251-300 words | \$60 | \$120 | \$360 | \$420 |

Date: _____

Name: _____

Company: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

Email address: _____

(Select category) Individual seeking employment Employer with job opening

PAYMENT INFORMATION:

PWEA Member rate \$ _____ Non-Member rate \$ _____

Check enclosed (payable to PWEA), or

Charge my credit card: VISA MasterCard

Card #: _____

Expiration date: _____ 3 or 4 digit code from back of card: _____

Signature: _____

Name (as it appears on card): _____

Billing address (if different than above): _____

City, State, Zip Code: _____