

# North Carolina Waterworks Operators Association

## MEMBERSHIP APPLICATION

MISSION STATEMENT: To provide knowledge, skills & educational opportunities for drinking water professionals; develop working relationships with other water treatment organizations; project a positive image and communicate the importance of safe drinking water.



### Membership Application

**NEW OR RENEWAL MEMBERSHIP APPLICATION – ANNUAL DUES ARE \$50.00 FOR 2021**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Social Security # (last 4 digits): xxx-xx-\_\_\_\_\_ If Renewal, what is your NCWOA Member #: \_\_\_\_\_

YOUR Individual Operator Certification #: (Issued by NCWTFOCB) \_\_\_\_\_

Certificate(s) Held:

\_\_\_\_ A-Surface \_\_\_\_ B-Surface \_\_\_\_ C-Surface \_\_\_\_ A-Well \_\_\_\_ B-Well \_\_\_\_ C-Well \_\_\_\_ D-Well \_\_\_\_ A-Dist \_\_\_\_ B-Dist

\_\_\_\_ C-Dist \_\_\_\_ D-Dist \_\_\_\_ Cross-Connection

\_\_\_\_ Wastewater #'s & certificate type

\_\_\_\_ None Yet \_\_\_\_ You are not an Operator & do not plan to become Certified.

**PLEASE SELECT YOUR PREFERRED ADDRESS** (This is where confirmations & membership info will be sent.)

\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_ Employer Name: \_\_\_\_\_

**MAILING** Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Work Phone : \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How would you like to receive your issues of Go With The Flow? Postal Delivery \_\_\_\_\_ OR Email \_\_\_\_\_

How would you like to receive your Section Meeting notices? Postal Delivery \_\_\_\_\_ OR Email \_\_\_\_\_

**NOTE:** Memberships are based upon a calendar year. Membership cards will be mailed with receipt. These cards will contain your name, membership number, and membership expiration date.

**NOTE:** Please make checks payable to "NCWOA" or "North Carolina Waterworks Operators Association". We do NOT accept Purchase Orders. Credit Card payments may be mailed, faxed, or scanned but NOT called in

#### CREDIT CARD PAYMENT

Credit Card Type: \_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ AmEx \_\_\_\_ Discover

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Security Code from back of Card \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

#### PLEASE SEND APPLICATION AND PAYMENT TO:

**Heather Cagle, NCWOA Administrator**

**PO Box 5466**

**High Point, NC 27262**

Phone: 252-764-2094 ext. 1

Fax: 252-764-2095

Email: heather@ncwoa.com

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: **Credit Card Payment** :  
: **Cannot be Processed** :  
: **Over the Phone** :  
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If cardholder is other than member, what email address should the CC receipt be sent to? \_\_\_\_\_

To ensure that you receive the emailed receipt, please add heather@ncwoa.com to your email address book.

**NCWOA USE:** Amount: \_\_\_\_\_ CK# \_\_\_\_\_ E S Processed: \_\_\_\_\_