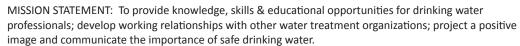
## North Carolina Waterworks Operators Association MEMBERSHIP APPLICATION





## Membership Application NEW OR RENEWAL MEMBERSHIP APPLICATION – ANNUAL DUES ARE \$60.00 FOR 2024

First Name:	· · · · · · · · · · · · · · · · · · ·	Middle Initial:	Last Name:			
Nickname:	Social Security #	(last 4 digits): xxx-xx-	If Re	newal, what is your NCW	OA Member #:	
YOUR Individual Opera	tor Certification #: (Issued by NCW	/TFOCB)				
Certificate(s) Held:						
A-Surface	B-Surface C-Surface	A-Well B	-Well C-We	ell D-Well A-	Dist B-Dist	
	D-Dist Cross-Connection					
	Oloss-ooninection	Wastewater #'	s & certificate type			
	You are not an Operator & do n					
None ret	You are not an Operator & do n	ot plan to become Cel	illea.			
	JR PREFERRED ADDRESS (This ss:		•	,	<u>-</u>	
City:		State	_ Zip	County:		
Employer Na	me:				· · · · · · · · · · · · · · · · · · ·	
MAILING Add	dress:		· · · · · · · · · · · · · · · · · · ·			
City:		State	Zip	County:		
Work Phone :	Ext:	Fax:				
Home Phone:	Cell Pl	none:				
	eceive your issues of Go With The		arv			
	eceive your Section Meeting notice			<u>OR</u> Email		
	re based upon a calendar year. M			Email ipt. These cards will con	ain your name, membership	
	necks payable to "NCWOA" or "No mailed, faxed, or scanned but NO		ks Operators Assoc	ciation". We do NOT acce	pt Purchase Orders. Credit	
CREDIT CARD PAYME	:NT		DI E	105 05ND 101 101 101	N AND DAYMENT TO	
Credit Card Type: Visa MC AmEx Discover				PLEASE SEND APPLICATION AND PAYMENT TO: Heather Cagle, NCWOA		
Name on Credit Card: PO Box 5466 High Point, NC 27262 Credit Card Number: Phone: 252-764-2094 ext. 1 Fax: 252-764-2095 Credit Card Payment						
						Exp Date: Month Year Security Code from back of Card
Cardholder's Signature: Over the Ph						
Billing Zip Code						
	nan member, what email address eive the emailed receipt, please a					
NCWOA USE: A	mount:	CK#	E S	Processed:		