

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 \$60.00 FOR 2024

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: _____

Billing Zip Code _____

PLEASE SEND APPLICATION AND PAYMENT TO:

Heather Cagle, NCWOA

PO Box 5466

High Point, NC 27262

Phone: 252-764-2094 ext. 1

Fax: 252-764-2095

Email: heather@ncwoa.com

.....
: **Credit Card Payment** :
: **Cannot be Processed** :
: **Over the Phone** :
.....

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: _____