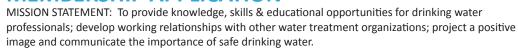
North Carolina Waterworks Operators Association MEMBERSHIP APPLICATION





Membership Application NEW OR RENEWAL MEMBERSHIP APPLICATION – ANNUAL DUES ARE \$60.00 FOR 2025

First Name:	Middle Initial:	Last Name:	
Nickname: Social S	Security # (last 4 digits): xxx-xx	If Renewal, what is	your NCWOA Member #:
YOUR Individual Operator Certification #: (Issue	ed by NCWTFOCB)		
Certificate(s) Held:			
A-Surface B-Surface C-	Surface A-Well B-1	Well C-Well D-We	Il A-Dist B-Dist
C-Dist D-Dist Cross-Co	nnection		
	Wastewater #'s	& certificate type	
None Yet You are not an Opera			
PLEASE SELECT YOUR PREFERRED ADDR Home Address:	•	•	
			
City:			
Employer Name:			
MAILING Address:			
City:			ty:
Work Phone :	Ext: Fax:		
Home Phone:	Cell Phone:		
Email Address:			
How would you like to receive your issues of Go	With The Flow? Postal Deliver	y	mail
How would you like to receive your Section Mee	ting notices? Postal Delivery _		
NOTE: Memberships are based upon a calend number, and membership expiration date.	ar year. Membership cards will be		
NOTE: Please make checks payable to "NCWC Card payments may be mailed, faxed, or scann-		s Operators Association". We do	NOT accept Purchase Orders. Credit
CREDIT CARD PAYMENT		DI 5405 05ND 4DI	NI IOATION AND BAYMENT TO
Credit Card Type: Visa MC	AmEx Discover	Heather Cagle, NC	PLICATION AND PAYMENT TO: NOA
Name on Credit Card:		PO Box 5466 High Point, NC 272	262
Credit Card Number:		Phone: 252-764-209 Fax: 252-764-2095	
Exp Date: Month Year Security		Email: heather@ncv	V Gailliot be i recessed v
Cardholder's Signature:	·····		Over the Phone
Billing Zip Code			
If cardholder is other than member, what ema To ensure that you receive the emailed receip			
NCWOA USE: Amount:	CK#	E S Processed	d: