



Water & Wastewater Operations
June 4, 2026
Greensboro, NC
Registration at 7:30am
8:00am – 3:30pm (lunch provided on-site)

Training Location:
Greensboro Operations Building
2602 S. Elm-Eugene Street
Greensboro, NC 27406

Topics to include:

GAC (Terminology, Design & Operational Lessons), Funding Resources, Lead & Copper Update, AI in the Water Sector, and PFAS – Regulations, Methods & Monitoring!

CONTACT HOUR INFORMATION: 6 drinking water and wastewater contact hours

Please Print or Type

NAME (First, MI, Last): _____ Nickname (For Tag) _____

SOCIAL SECURITY # (last 4 digits): XXX-XX-_____ EMPLOYER: _____

MAILING ADDRESS _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ Ext: _____ FAX: _____

EMAIL ADDRESS: _____

NC WATER TREATMENT CERTIFICATE # (OPERATOR ID #): _____ NCWOA MEMBER # : _____

NC WATER TREATMENT CERTIFICATE TYPE: __AS __BS __CS __AW __BW __CW __DW __AD __BD __CD __DD __CC/BF __None

NC WASTEWATER CERTIFICATION # (OPERATOR ID #): _____, _____

NCWOA MEMBER PRICE - \$100.00 (Must put your INDIVIDUAL NCWOA membership number on the line above to qualify)

NCWOA NON-MEMBER PRICE - \$175.00 (includes membership for 2026)

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.

REFUNDS: We will issue a refund (minus a \$25 administrative fee), if the refund is requested, in writing, at least 7 business days prior to the event. Refunds will be made in the same manner as payment. Substitutions may be made. Please inform us, as soon as possible, of substitutions so that the appropriate certificates of attendance may be generated.

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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 _____

Billing Zip Code _____

Cardholder’s Signature: _____

If cardholder is other than attendee, 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.

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

For online credit card payments please visit our website at www.ncwoa.com



NCWOA USE: Amount: _____ CK# _____ E S Processed: _____

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 ANNUAL DUES ARE \$70.00 FOR 2026

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____ SSN # (last 4 digits): xxx-xx-_____ If Renewal, 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

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: _____

Special Note: Issues of Go With the Flow will be delivered via email unless otherwise requested.

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.

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