



**NORTH CAROLINA WATERWORKS  
OPERATORS ASSOCIATION**

**NCWOA COMMITTEE VOLUNTEER FORM**

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

Address: \_\_\_\_\_ City, St & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Certification Levels (ex: A-Surface) \_\_\_\_\_

Other areas of Water Treatment Experience/Training:

**Please Mark Committees You Have an Interest In**

- |                             |                                  |                                   |
|-----------------------------|----------------------------------|-----------------------------------|
| _____ Finance Committee     | _____ Seminar Committee          | _____ Annual Schools Committee    |
| _____ Lab Analyst Committee | _____ Public Relations Committee | _____ Nominating Committee        |
| _____ Rules Committee       | _____ Membership Committee       | _____ Co-Editor of Year in Review |

If you are interested in serving on one of these committees, please fill out & fax or mail to:

Cindy Gall  
NCWOA Administrator  
PO Box 4519  
Emerald Isle, NC 28594  
Fax: 252-764-2095

**Selection of new committee members  
has begun, but it is not too late  
to let us know your willingness to serve!!**