



**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

- | | | |
|--|---|---|
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Seminar Committee | <input type="checkbox"/> Annual Schools Committee |
| <input type="checkbox"/> Lab Analyst Committee | <input type="checkbox"/> Public Relations Committee | <input type="checkbox"/> Nominating Committee |
| <input type="checkbox"/> Rules Committee | <input type="checkbox"/> Membership Committee | |

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!!**