

NC State Level Association (NC SLAM) 2019 Application & Renewal Form

NC AWWA-WEA
2841 Plaza Place, Suite 130, Raleigh, NC 27612
Phone: (919) 784-9030 Fax: (919) 784-9032 Website: www.ncsafewater.org
Form valid until 12/31/2019



NC AWWA-WEA Membership offers you Connection, Education, & Leadership;

American Water Works Association (AWWA) Denver, CO 800.926.7337 www.awwa.org
Contact this national organization for more information regarding cost and how to join.

Water Environment Federation (WEF) Alexandria, VA 800.666.0206 www.wef.org
Contact this national organization for more information regarding cost and how to join.

There are three ways to join. Review the options and select the one that best fits you.

NC AWWA-WEA

Complete the form below to join NC AWWA-WEA as a state-level (NC SLAM) member. NC SLAM members receive no benefits from AWWA or WEF.

Instructions

To submit a NC SLAM application by fax or mail complete all requested information on this form and mail or fax to the NC AWWA-WEA address or fax number provided above. Form and payment must be submitted together. Faxed applications must be paid by credit card. Applications and renewals may also be submitted online at www.ncsafewater.org. Online applications must be paid by credit card.

Please check ONE of the following options.

- New Membership** (\$75 for 1 year)
- Renew Membership** (\$75 for 1 year) NC SLAM #: _____
 - All new memberships and renewals are for 1 year (12 months).
 - SLAM memberships may not be shared or transferred.
 - Renewal reminders will be emailed to the member's email address 1 month before the membership expires.

Personal Information

Full Name: _____
Preferred First Name: _____
Last 4 Digits of SS #: _____ **Year of Birth:** _____

How Many Years Have You Worked in the Water/Wastewater Industry?

- Less than 1 1 - 5 6 - 10
- 11 - 20 21 - 30 30+

Employer Information

Employer: _____

Which of the Following BEST Describes Your Employer?

- Consulting/Contracting Firm Educational
- Government Agency Manufacturer/Distributor
- Research/Analytical Lab Retired
- Student Unemployed
- Utility Other _____

Contact Information

Mailing Address (Home Work): _____
City: _____ **State:** _____ **Zip Code:** _____
County of Residence: _____
Phone: _____ **Fax:** _____
Email: _____

License/Certification Numbers

NC Wastewater Certification # (NCWPCSOCC): _____
NC Water Treatment Operator ID # (NCWTFOCB): _____
NC Professional Engineers #: _____
NC AWWA-WEA Voluntary Maintenance Tech. Certification:
Class: _____ **Certification #:** _____

Receipt/Confirmation

Confirmations are EMAILED to members. Confirmations will only be mailed to the member when an email address is not provided.

It is the responsibility of the person receiving the receipt/confirmation to forward as necessary. Duplicate copies of receipts may be printed from within your profile at www.ncsafewater.org. If you need the NC AWWA-WEA office to print a duplicate receipt, it may take up to five business days to process. A form for requesting a duplicate receipt may be obtained by visiting www.ncsafewater.org.

Privacy Release

As of January 2015, due to privacy issues, registration/membership information can no longer be provided via phone, email, or mail to anyone other than the participant without prior consent in writing.

To provide prior consent to share information in your profile, you may choose one of the following methods:

Log into your profile on www.ncsafewater.org and update the fields referencing Profile Access.

Complete the fields below and we will place the information in your profile.

Once you approve sharing of your information with the person named below, that person will have access to all information in your record. You may revoke or change this consent at any time in writing by emailing khooder@ncsafewater.org.

Name of person: _____

Phone: _____ **Email:** _____

I authorize that my information may be shared with the person named above. I understand that it is my responsibility to revoke or change this authorization as necessary.

Print Name: _____

Signature: _____

Payment

- Cash Check/Money Order
- Credit Card (MasterCard/Visa American Express)

Credit Card #: _____

Exp. Date: _____ **3-4 digit code:** _____

Cardholder Name: _____

Billing Address: At what address do you receive your credit card statement

City: _____ **State:** _____ **Zip Code:** _____

Cardholder Phone: _____

Cardholder Signature: _____

I AUTHORIZE NC AWWA-WEA TO CHARGE \$ _____ TO THE CREDIT CARD NUMBER LISTED ABOVE.

Dues are not deductible as charitable contributions for income tax purposes.