

North Central Ohio Building Officials Association Membership Application

Membership for 01 January thru 31 December, 2009

(Please fill in all the areas of this form)

Name: _____

Jurisdiction/Firm Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ - _____

E-mail Address: _____ Office Phone Number: _____ Fax number: _____

I declare N.C.O.B.O.A. as my O.B.O.A. Chapter _____ (yes) _____ (no) *(If no, write chapter name below)*

I paid dues to another OBOA Chapter (name of Chapter) _____

Certifications Held. (Check all that apply)

___ BO ___ MPE ___ EPE ___ PPE ___ BI ___ FPI ___ MI ___ ESI ___ PI

___ RBO ___ RPE ___ RBI ___ RPI ___ Property Maintenance Officer ___ Zoning Administrator/Inspector

___ AIA ___ PE ___ ME ___ EE ___ CE Others _____

MEMBERSHIP CLASSIFICATION (Check one only)

___ **\$40.00 Active Building/Code Official**

___ **\$40.00 Associate Member**

___ **Retired Member (No Fee)**

___ **Honorary Member (No Fee)**

**Return Membership due by,
15 January, 2009**

Mail to:

NCOBOA

P.O. Box 747

Amherst, Ohio 44001-0747

For Office Use Only

Date Payment received: _____ Check/PO/MO: _____ Dues Amount: _____ By: _____

Add to Mailing List: _____ Add to e-mail list: _____ Certificate issued: _____ By: _____

OBOA dues paid: _____ Date: _____