



Building Officials Association of Florida
 3697 Lake Emma Road, Lake Mary, Florida 32746
 Phone: (407) 804-1001 Fax: (407) 804-0308
<http://www.boaf.net>

** Please Check One **	
New Application	_____
Renewal	_____
Membership No:	_____

STATE MEMBERSHIP APPLICATION

Please note that you can now fill out and pay your State and/or Chapter membership dues online at boaf.net. If you choose to fill out and return this membership application please fill out **all** of the sections below. If any sections are left blank we will not be able to enter you into our new database. Once you are entered into our database you will receive a confirmation email with your user name and password so that you can log into our new Members Only section. After you have been entered into our database you will also receive your membership card in the mail.

First _____ MI _____ Last _____

Employer _____

Position/Title _____

E-Mail Address _____ Work Phone _____

Home/Other Phone _____ Fax _____

License Numbers: _____ | _____ | _____ | _____ | _____

ADDRESS INFORMATION

Home Address

Business Address

Preferred Mailing Address: Home: _____ or Business: _____

MEMBERSHIP TYPES

ACTIVE: Any code Official who holds an active license in accordance with F.S.'s 468, 633 or a Code Enforcement Officer involved in the enforcement of the Florida Building Code shall be eligible to become an active member upon payment of the membership dues. **DUES \$15.00** _____

ASSOCIATE: Any research organization, architect, engineer, or employee of a private provider, Certified or Registered General, Building, or Residential contractors and their related associations, manufactures or dealers in building materials or equipment, other individuals or partnerships may become a non-voting associate member upon payment of the membership dues. **DUES \$55.00** _____

Total Dues: _____

Credit Card Type: Visa _____ Mastercard _____ Discover _____ AMEX _____

Credit Card Number _____ Expiration Date: _____

Name on Card _____ CVV2 Code _____

Billing Address _____ City _____ State _____ Zip _____

Office Use Only: Membership Number: _____ Date Received: _____