



Building Officials Association of Florida

705-H W. SR 434 · Longwood, FL 32750-4907
(407) 265-9009 · Fax (407) 831-9875
www.boaf.net

2007 Joint BOAF/Palm Beach County Chapter Membership Application

Name: _____

Jurisdiction/Organization: _____

Position/Title (required): _____

E-Mail Address: _____

Work Phone: _____ Fax: _____

Home Phone: _____ Other: _____

Preferred Mailing Address: Business _____ Home _____

Street: _____

City/State/Zip: _____

Would you prefer delivery of BOAF newsletter by email? ___ Yes ___ No

Membership Types:

Active Members – Any Building Official, Fire Official, Plans Examiner, Inspector or Code Enforcement Officer involved in the enforcement of the Florida building Code, ordinances or statutes and an employee of a governmental entity entitled to receive workers compensation and unemployment compensation benefits under chapter 440 and 443, Florida Statutes from such entity shall be eligible to become an active member upon payment of the membership dues.

Associate Members – Any research organization, architect, engineer, an employee of a private provider, certified of registered general, building or residential contractor and their related associations, manufacturers or dealers in building materials or equipment, other individuals or partnerships may become a non-voting associate member upon payment of the membership dues.

Membership Applied For: *Please check appropriate State and/or Chapter Membership. **

State BOAF	— plus —	Palm Beach County Chapter
_____ Active Member (\$15.00)		_____ Active Member (\$15.00)
_____ Associate (\$55.00)		_____ Associate (\$20.00)

Total Due: \$ _____

You may complete one application for the entire jurisdiction, and return an Excel file, or similar database listing, for each additional employee. Please email the listing to boaf2@cfl.rr.com and return a hard copy with this application.

Credit Card No. _____ - _____ - _____ - _____ Exp. Date: ____/____/____

Billing Address: _____ Billing Zip Code: _____

Name as on Card: _____ CVV2Code: ____/____/____
(last 3 #'s in signature box)

Office Use Only:

Payment Method: Cash ___ Check ___ Credit Card ___ P.O. ___ Membership #: _____

Check /P.O. #: _____ Amount: _____ Date Rec'd/Paid: _____

*Joint membership is optional-Applicants may join only the State BOAF organization OR may join only the local chapter. Applicants are encouraged to join both the state and local organizations to take full advantage of all the benefits offered.