



## Building Officials Association of Florida

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

### 2008 Joint BOAF/Big Bend 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 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 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 —	Big Bend Chapter
_____ Active Member (\$15.00)		_____ Active Member (\$15.00)
_____ Associate (\$55.00)		_____ Associate Member (\$10.00)

**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. \_\_\_

Check /P.O. #: \_\_\_\_\_ Amount: \_\_\_\_\_

Membership #: \_\_\_\_\_

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.