



Building Officials Association of Florida
705-H W SR 434 ~ Longwood, FL 32750 – 4907
Phone: (407) 265-9009 Fax: (407) 831-9875
<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, 622 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:* _____