



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

### 2008 Joint BOAF/Suwannee River Chapter 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.

**STATE DUES \$15.00** \_\_\_\_\_ **CHAPTER - ACTIVE MEMBER DUES \$50.00** \_\_\_\_\_ **STUDENT \$5.00** \_\_\_\_\_

**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.

**STATE DUES \$55.00** \_\_\_\_\_ **CHAPTER DUES \$50.00** \_\_\_\_\_ **TOTAL DUES \$** \_\_\_\_\_

*Note: Joint Membership is optional, you may join the local chapter only or State BOAF only. Joining both is encouraged.*

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: \_\_\_\_\_