

## Oregon Building Officials Association MEMBERSHIP APPLICATION

To join the Oregon Building Officials

Association (OBOA), please complete this entire application and return it to the OBOA office with your annual dues payment. Dues are based on the calendar year (January 1 – December 31). By applying for membership in OBOA, I/We agree to abide by its bylaws; and support and adhere to its objectives and Code of Ethics.

Compa	ny Profile In	formation: (For C	DBOA website/lis	ting purposes)			
Please prin	nt exactly as shou	ld be listed.					
Jurisdicti	on/Company N	Name:					
Primary Contact Name:							
In	clude all designatio	ons above and indicate: 🗌	Mr. $\square$ Mrs. $\square$ Ms. $\square$ Dr.				
Address	(include Dept./Mail	Stop):					
City:				te: Zi <sub>l</sub>	ວ Code:		
County:				Website:			
Business/Daytime Phone:				Business Cell:			
				Fax:			
Primary	Email (required	d):					
Mailing	Address: (F	or printed mail c	orrespondence)				
	as above Profile	-	,				
	_	·					
City:				te:Zip	Code:		
Membe	ership Catego	ories – Please ch	eck as appropriat	:e:			
☐ <u>Class A Member</u> : A Class A member is a governmental unit or department represented by a building official who is charged with the administration and enforcement of laws and ordinances related to building construction. Class A membership dues are based on population of jurisdiction served as outlined below:							
	Please Select One	Population of Jurisdiction	Class A Membership Level	# of Voting Representatives	Annual Dues		
		1 – 10,000	Level 1	2	\$225		
		10,001 – 25,000	Level 2	4	\$395		
		25,001 – 50,000	Level 3	4	\$450		
		50,001 – 100,000	Level 4	4	\$550		
		100,000+	Level 5	6	\$1,100		
jurisdie	ction eligible for → Please select ( ate Member \$2 sociation. → Ple tional Member	Class A membership same dues fee): In Total In	and must hold a curred dividual -or- Compindividual, firm, corpostee): Individual -constant	or-  Company/Organiz r is an individual enrolle	ertification. terested in the objectives of		
	dministration c	•			<b>5</b>		

## Employee Information: (For Class A , Professional, or Associate Company Members only)

Please complete for each company representative at your jurisdiction/company. To add additional representatives, please attach a separate listing. There is no limit on the number of representatives per jurisdiction/company. <u>Voting representatives apply to Class A Members (refer to the table on page 1 and assign accordingly) and Professional Company members (1 vote).</u>

Additional Employee Representative: 🗆	Mr. ☐Mrs. ☐Ms. ☐Dr			
Position Title:			esentative?	
Business/Daytime Phone:				
Additional Employee Representative: 🗔 🛚	Иг.			
Position Title:				
Business/Daytime Phone:	Email:			
Additional Employee Representative: 🗔 🛚	√dr. ☐Mrs. ☐Ms. ☐Dr			
Position Title:			esentative? Yes No	
Business/Daytime Phone:				
Additional Employee Representative: 🗔	Mr. ☐Mrs. ☐Ms. ☐Dr			
Position Title:				
Business/Daytime Phone:				
Additional Employee Representative: 🗔 🛚	Mr. ∏Mrs. ∏Ms. ∏Dr.			
Position Title:				
Business/Daytime Phone:				
Committee Involvement: Please	consider getting involved and	d sharing your eyn	ertise!	
We hope you are able to take full advantage				
A volunteer leader will contact you with com		one (or more.) or the	tonowing delive committees.	
Codes – Name of who is interested in	joining this committee:			
Education – Name of who is interested				
Legislative – Name of who is intereste	ed in joining this committee:			
Outreach – Name of who is interested	I in joining this committee:			
☐ Special Inspection Program (SIP) — Na	me of who is interested in joining th	nis committee:		
Standards – Name of who is interested	d in joining this committee:			
Payment Options:				
☐ Check (payable to OBOA in US Funds)	☐Visa ☐MasterCard ☐	American Express	Discover	
For credit card payments, complete a	ıll fields below and fax both p	pages of this form	to 503.253.9172.	
Credit Card Number:	Exp. Date:			
		\$ Authorized:		
Billing Address:				
Signature:				
Fmail Receipt To:				

Please return your completed application and payment to the OBOA office. Thank you!

OBOA Tax ID #: 93-0949446

Your association dues are not deductible as a charitable contribution for federal incom payments issued may only deduct 32% as an ordinary and necessary business expense.	