



NYSBOC Central Chapter Conference 2012 Membership Application

(You are encouraged to join online at www.nysboc.com)

Paid membership includes all Central Chapter Training, meetings and meals at **no cost** –
(Excluding the annual educational conference)

| | | | |
|-----------|------------|----|------------------|
| Last Name | First Name | MI | Suffix (Jr./Sr.) |
| | | | |

| | | | | | | | | | | |
|--|-----------------|----|--|--|--|--|--|--|---|---|
| Training ID# (DO NOT USE SOCIAL SECURITY NUMBER) | New Member: Yes | No | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">N</td> <td style="width: 15px; text-align: center;">Y</td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table> | N | Y | | | | | | | <input style="width: 40px; height: 20px;" type="checkbox"/> | <input style="width: 40px; height: 20px;" type="checkbox"/> |
| N | Y | | | | | | | | | |

| | |
|---------------------------------|---------------------------------|
| Official Mailing Address Line 1 | Official Mailing Address Line 2 |
| | |

| | | |
|--------------|-------|-------------|
| Mailing City | State | Mailing Zip |
| | | |

| | |
|----------------|---------------------------|
| E-Mail Address | Phone (INCLUDE AREA CODE) |
| | |

| | | |
|----------------------------------|-----------|---------|
| Primary Agency or Business Name: | Agency #: | County: |
| | | |

| | |
|--------|--------------------------|
| Title: | Appointment Date: (MMYY) |
| | |

Choose One:

- \$50.00 Active Member:** Public officials and members of Inspection Agencies under contract with a municipality engaged in the enforcement of codes and ordinances.
- \$80.00 Associate Member:** Former active members no longer eligible for active membership.
- \$80.00 Cooperating Member:** Architects, engineers and representatives of professional organizations and public officials other than code enforcement personnel.
- \$80.00 Participating Members :** Manufacturers representatives, contractors, insurance and financial representatives.
- Honorary Members:** Conferred upon the member by the organization.

MAKE CHECKS PAYABLE TO: CENTRAL CHAPTER NYSBOC, INC.

**Submit membership application and dues to: Central Chapter NYSBOC, Inc.
PO Box 5065
Syracuse, NY 13220**

Office use only:

Date Received: _____ () Check # _____ () Cash

Board Approval: _____ Entered on computer: _____
