

## Tennessee Building Officials Association MEMBERSHIP APPLICATION

To join the Tennessee Building Officials Association (TBOA), please complete this entire application and return it to the TBOA with your annual dues payment. Dues are based on the membership year of November 1 -October 31. By applying for membership in TBOA, I/We agree to abide by its bylaws; and support and adhere to its objectives and mission. Please print exactly as should be listed.

<b>Company Pro</b>	file Informat	ion: (For TBOA we	ebsite/listing purpo	oses)	
			Position Title:		
		ve and indicate: $\square$ Mr. $\square$ N			
City:			State:		
County:			Website:	,,	
	usiness/Daytime Phone:Business Cell:				
Phone:			Fax:		
Primary Email (req		. 1	1 )		
		ited mail correspo	ondence)		
Same as above F		ove.			
Company/Organiza					
				7: 0 1	
City:		Please check as ap	State:	Zip Code:	
Membership (	Categories –	Please check as ap	<b>propriate:</b> l in administration, formati		
membership, ex Directors may c	cept jurisdictions	having separate agencie rate agencies as active me	all a governmental unit be s engaged in the above acti embers. Active membershi	vities, in which case	the Board of
	Please Select One	Population of Jurisdiction	# of Voting Representatives	Annual Dues	
		Less than 25,000	2	\$25	
		25,000 - 100,000	5	\$100	
		100,001 - 200,000	10	\$200	
		More than 200,000	20	\$400	
person engaged interested in the Professional An Inspectors, Com Organizational organization, as objectives of the Other Members Student Members or a courside Subscription or comparison or compariso	ember - \$150 And in the practice of e principles and of trisan Member - Emercial Contractor Member \$250 And Esociation, institute Association.  hips er \$15 Annual Enter \$25 Annual Enter \$25 Annual Displayed Annual Displayed Annual Its and Annual Its and Enter No Annual	architecture, engineerin bjectives of the Associati \$150 Annual Dues: Profors, Home Builders or an innual Dues: Organization, manufact Dues: Student membershoving at least twelve hour lual Dues: Subscription ing to receive mailings or ues: Retired membership Dues: Honorary Memb	fessional Artisan Membersly Mechanic engaged in the onal associate membership urer of other similar group hip may be held in the Asses of instruction per week. membership may be held	d to building construction may be held by Coconstruction industry may be held in the As, interested in the procession by an individual to the Association by a cative member who erson who has rendered.	ction who is ontract y. ssociation by any rinciples and dual enrolled in y any individual, o has retired.
of the active me	imbersinp.		1	Please also comple	ete second page -

## Employee Information: (For Active and Associate 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 applyto Active Members (refer to the table on page 1 and assign accordingly).</u>

Additional Employee Representative: 🔲	Mr. Mrs. Ms	
Position Title:		Voting Representative? ☐Yes ☐No
Business/Daytime Phone:	Email:	
Additional Employee Representative: 🗍	Mr □Mre □Me	
Position Title:		
Business/Daytime Phone:		
Additional Employee Representative: I		
		Voting Representative? ☐Yes ☐No
Business/Daytime Phone:	Email:	
Additional Employee Representative: 🔲	Mr. Mrs. Ms	
Position Title:		Voting Representative? ☐Yes ☐No
Business/Daytime Phone:	Email:	
Additional Employee Representative:		
Position Title:	п 1	voting Representative? [ Yes [ No
Business/Daytime Phone:	Email:	·
Committee Involvement: Please	e consider getting involve	ed and sharing your expertise!
Door Prize - Name of who is interested  Education - Name of who is interested i  Exhibitors - Name of who is interested i  Golf Tournament - Name of who is interested  Hospitality - Name of who is interested  Legislative - Name of who is interested	joining this committee: in joining this committee: in joining this committee: in joining this committee: in joining this committee: irested in joining this committee:	
Payment Options:		
	ard (\$5.00 Fee) \textsquare Visa \textsquare MasterCa	ard American Express Discover
		is form to <u>dewayne.johnston@franklintn.gov</u> or if
	formation over the phone call Deway	
Credit Card Number:		
Name on Card:		Authorized Amount including fee: \$
Billing Address:	Cit	ty:State:Zip:
Signature:		-
Email Receipt To:		

Please return your completed application and payment (payable to TBOA) to:

TBOA Treasurer, Dewayne Johnston City of Franklin 109 3<sup>rd</sup> Ave. South, Ste. 110 Franklin, TN 37064