

# Tennessee Building Officials Association 2024 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 now based on the membership year of January 1–December 31. (Beginning 2024) By applying for membership in TBOA, I/We agree to abide by its bylaws; and support and adhere to its objectives & mission. Please print exactly as should be listed.

# Company Profile Information: (For TBOA website/listing purposes)

Jurisdiction/Company Name:			
Primary Contact Name:	P	osition Title:	
Include all designations above and indic	cate: Mr. Mrs. Ms.		
Address (include Dept. / Mail Stop):			
City:	State:	Zip Code:	
County:	Website:	-	
Business/Daytime Phone:		Cell:	
Phone:	Fax:		
Primary Email (required):			

State:

Zip Code:

## Mailing Address: (For printed mail correspondence)

□ Same as above Profile address above.

Company/Organization Name:\_\_\_\_

Address (include Dept. / Mail Stop):\_\_\_

City:

# Membership Categories – Please check as appropriate:

□ Active Member: A governmental unit or agency engaged in administration, formation and enforcement of codes and ordinances relating to building construction. In no case shall a governmental unit be entitled to more than one active membership, except jurisdictions having separate agencies engaged in the above activities, in which case the Board of Directors may classify such separate agencies as active members. Active membership dues are based on population of jurisdiction served as outlined below:

Please Select One	Population of Jurisdiction	# of Voting Representatives	Annual Dues
	Less than 25,000	2	\$75
	25,000 - 100,000	5	\$150
	100,001 - 200,000	10	\$250
	More than 200,000	20	\$450

#### Associate Memberships

- Professional Member \$200 Annual Dues: Professional Associate Membership may be held in the Association by any person engaged in the practice of architecture, engineering, or other activities related to building construction who is interested in the principles and objectives of the Association.
- Professional Artisan Member \$200 Annual Dues: Professional Artisan Membership may be held by Contract Inspectors, Commercial Contractors, Home Builders or any Mechanic engaged in the construction industry.
- □ **Organizational Member \$300 Annual Dues:** Organizational associate membership may be held in the Association by any organization, association, institute, corporation, manufacturer of other similar groups, interested in the principles and objectives of the Association.

#### **Other Memberships**

- **Student Member \$15 Annual Dues:** Student membership may be held in the Association by an individual enrolled in classes or a course of study occupying at least twelve hours of instruction per week.
- **Subscription Member \$25 Annual Dues:** Subscription membership may be held in the Association by any individual, jurisdiction or organization wanting to receive mailings only.
- **Retired Member \$15 Annual Dues:** Retired membership may be held by any former active member who has retired.
- □ **Honorary Member No Annual Dues:** Honorary membership may be held by any person who has rendered outstanding service to the Association. An honorary member shall be proposed by the Board of Directors and confirmed by a majority of the active membership.

#### Please also complete second page $\rightarrow$

## 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</u> <u>apply to Active Members(refertothetableonpage1andassignaccordingly)</u>.

Additional Employee Representative: Mr. Mr.	/Irs. 🗌 Ms	
Position Title:		Voting Representative? 🗌 Yes 🗌 No
Business/Daytime Phone:	Email:	
Additional Employee Representative: Mr. Mr.	/Irs.	
Position Title:		
Business/Daytime Phone:	Email:	
Additional Employee Representative: Mr. Mr.	/Irs.	
Position Title:		
Business/Daytime Phone:		
Additional Employee Representative: Mr. Mr.	Ars. Ms	
Position Title:		
Business/Daytime Phone:	Email:	
Additional Employee Representative: Mr. Mr.	Ars. Ms	
Position Title:		Voting Representative? 🗌 Yes 🗌 No
Business/Daytime Phone:	Email:	
Committee Involvement: Please consid	der getting invo	lved and sharing your expertise!
We hope you are able to take full advantage of member committees. A board member will contact you with co	ership by volunteering	
□ Awards – Name of who is interested in joining this	s committee:	
□ By-Laws – Name of who is interested in joining this	is committee:	
Communication – Name of who is interested in jo	ining this committee:	
$\square$ Door Prize – Name of who is interested in joining	this committee:	
<b>Education</b> – Name of who is interested in joining t	his committee:	

Exhibitors -	- Name of who is interested in joining this committee:
	ment – Name of who is interested in joining this committee:

Gon rournament – Name of who is interested in joining this committee:	
□ Hospitality – Name of who is interested in joining this committee:	
□ Legislative – Name of who is interested in joining this committee:	

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□ Nominating – N	ame of who is interested in joining this committee:	
_	Jame of who is interested in joining this committee	
$+$   <b>Registiation</b> - $\Gamma$	ame of who is interested in joining this committee	

	- Name of	who is into	eresteu in ju	Jinng uns	commutee.
Resolution -	Name of w	ho is intere	ested in ioin	ing this co	mmittee:

□ Resolution –	Name of	wno	is inter	ested	in joi	ning (	Ins co	mmittee:	
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□ Scholarship – Name of who is interested in joining this committee: \_\_\_\_

# Payment Options:

□ Check (*payable to TBOA*) Credit Card (\$5.00 Fee) □Visa □MasterCard □American Express □Discover For credit card payments, complete all fields & email both pages of this form to: treasurer@tboasafe.org or if you wish to provide information over the phone, call lames Dodson at 615-685-2122.

or if you wish to provide information over the phone, can junes Douson at 015-005-2122.				
Credit Card Number:	Exp. Date:	Security Code		
Name on Card:	Authorized Amount inc	cluding fee: \$		
Billing Address:	City:			
0				

Signature:\_\_\_\_\_ Email Receipt To: \_\_\_\_

Please return your completed application and payment to:

TBOA Treasurer, James Dodson City of Memphis/Shelby County 755 Garland Street Memphis, TN 38107

Email: treasurer@tboasafe.org | Website: www.tboasafe.org