**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.

**Company Profile Information: (For TBOA website/listing purposes)** Jurisdiction/Company Name: Primary Contact Name: Position Title:

*Include all designations above and indicate:* ⎕Mr. ⎕Mrs. ⎕Ms.

### Address *(include Dept. / Mail Stop):* City: State: Zip Code: County: Website: Business/Daytime Phone: Business Cell:

### Phone: Fax:

### Primary Email (required):

**Mailing Address: (For printed mail correspondence)**

⎕ Same as above Profile address above.

Company/Organization Name: Address *(include Dept. / Mail Stop):* City: State: Zip Code: **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 | $25 |
| ⎕ | 25,000 – 100,000 | 5 | $100 |
| ⎕ | 100,001 – 200,000 | 10 | $200 |
| ⎕ | More than 200,000 | 20 | $400 |

**Associate Memberships**

⎕ **Professional Member - $150 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 - $150 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 $250 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 →

**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. *Voting representatives apply to Active Members (refer to the table on page 1 and assign accordingly).*

**Additional Employee Representative:** ⎕Mr. ⎕Mrs. ⎕Ms. Position Title: 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:** ⎕Mr. ⎕Mrs. ⎕Ms. Position Title: 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:** ⎕Mr. ⎕Mrs. ⎕Ms. Position Title: Voting Representative? ⎕Yes ⎕No Business/Daytime Phone: Email:

**Committee Involvement: Please consider getting involved and sharing your expertise!** We hope you are able to take full advantage of membership by volunteering for one (or more!) of the following active committees. A board member will contact you with committee details.

⎕ **Awards** – Name of who is interested in joining this committee:

⎕ **By-Laws** – Name of who is interested in joining this committee:

⎕ **Communication** – Name of who is interested in joining this committee:

⎕ **Door Prize** – Name of who is interested in joining this committee:

⎕ **Education** – Name of who is interested in joining this committee:

⎕ **Exhibitors** – Name of who is interested in joining this committee:

⎕ **Golf Tournament** – 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:

⎕ **Nominating** – Name of who is interested in joining this committee:

⎕ **Registration** – Name of who is interested in joining this committee:

⎕ **Resolution** – Name of who is interested in joining this committee:

⎕ **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 below and email both pages of this form to cmartin@signalmountaintn.gov or if you wish to provide information over the phone call Chuck Martin at 423-531-4741.

### Credit Card Number: Exp. Date: Security Code Name on Card: Authorized Amount including fee: $ Billing Address: City: State: Zip: Signature: Email Receipt To:

**Please return your completed application and payment to:**

Town of Nolensville

7218 Nolensville Rd.

Nolensville, TN 37135

Attn: Monty Kapavik, Building Official