

## 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	ses)	
Jurisdiction/Comp	any Name:				
Primary Contact Name:				ition Title:	
		ve and indicate: $\square$ Mr. $\square$ M			
Address (include D	ept. / Mail Stop):_		0	7: 0 1	
			State:		
			Website:		
Business/Daytime Phone:Business Cell:					
Primary Email (red			rax:		
			and an and		
		ited mail correspo	indence)		
Same as above F					
			State:	7in Cada	
Manalagae lain	Catanania	Please check as ap	state:	zip code:	
			<b>propriate:</b> l in administration, formati		
membership, ex Directors may c	xcept jurisdictions	having separate agencie rate agencies as active me	all a governmental unit be on sengaged in the above action whers. Active membership	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	
<u>Associate</u> <u>Memb</u>			1		
			Associate Membership may		
			g, or other activities related	l to building constru	ction who is
		bjectives of the Association			
			essional Artisan Membersh		
			y Mechanic engaged in the onal associate membership		
			urer of other similar groups		
objectives of the		e, corporation, manufact	urer of other sillinar groups	s, interested in the pi	ilicipies allu
•					
Other Members		Jugg Student memberek	ip may be held in the Asso	ociation by an indivi	idual annallad in
			rs of instruction per week.	ociation by an murvi	dual elifolied ili
			membership may be held i	in the Association by	v anv individual
		ing to receive mailings or		in the Association by	, any marvidual,
			may be held by any former	r active member who	has retired
			ship may be held by any pe		
			proposed by the Board of D		
of the active me	embership.	•			
			I	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 apply to Active Members (refer to the table on page 1 and assign accordingly).</u>

Additional Employee Representative: 🔲	Mr. □Mrs. □Ms.	
Position Title:		Voting Representative?
Business/Daytime Phone:	Email:	
Additional Employee Representative: 🗍	Mr. □Mrs. □Ms.	
		Voting Representative? ☐Yes ☐No
Business/Daytime Phone:		
Additional Employee Representative: 🗍	Mr. □Mrs. □Ms.	
		Voting Representative? ☐Yes ☐No
Business/Daytime Phone:	Email:	
Additional Employee Representative: \[ \]	Mr □Mrs □Ms	
		Voting Representative? ☐Yes ☐No
Business/Daytime Phone:		
		Voting Representative?
Business/Daytime Phone:		
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  Nominating - Name of who is interested  Registration - Name of who is interested	in joining this committee: n joining this committee: in joining this committee: rested in joining this committee: in joining this committee: in joining this committee: d in joining this committee:	:
Scholarship - Name of who is interested	d in joining this committee:	
Payment Options:		
	ard ( $\$5.00$ Fee) $\square$ Visa $\square$ Maste	
		es of this form to <u>mkapavik@nolensvilletn.gov</u> or
C In C IN I		Monty Kapavik at 615-776-6692.  Exp. Date: Security Code
Name on Card:		security code Authorized Amount including fee: \$
Billing Address:		City: State: Zip:
Ciama du ma		_ ,

Please return your completed application and payment to:

Town of Nolensville 7218 Nolensville Rd. Nolensville, TN 37135

Email Receipt To: \_\_\_

Attn: Monty Kapavik, Building Official

Rick Meister, TBOA 1st VP | 5281 Laurie Ln | Memphis, Tennessee 38120 Phone: 901.222.8365 | Email: board@tboasafe.org | Website: www.tboasafe.org