



Oregon Building Officials Association MEMBERSHIP APPLICATION

To join the Oregon Building Officials Association (OBOA), please complete this entire application and return it to the OBOA office with your annual dues payment. Dues are based on the calendar year (January 1 – December 31). By applying for membership in OBOA, I/We agree to abide by its bylaws; and support and adhere to its objectives and Code of Ethics.

Company Profile Information: (For OBOA website/listing purposes)

Please print exactly as should be listed.

Jurisdiction/Company Name: _____

Primary Contact Name: _____ Position Title: _____

Include all designations above and indicate: Mr. Mrs. Ms. Dr.

Address (include Dept./Mail Stop): _____

City: _____ State: _____ Zip Code: _____

County: _____ Website: _____

Business/Daytime Phone: _____ Business Cell: _____

Toll Free 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:

Class A Member: A Class A member is a governmental unit or department represented by a building official who is charged with the administration and enforcement of laws and ordinances related to building construction. Class A membership dues are based on population of jurisdiction served as outlined below:

Please Select One	Population of Jurisdiction	Class A Membership Level	# of Voting Representatives	Annual Dues
<input type="checkbox"/>	1 – 10,000	Level 1	2	\$225
<input type="checkbox"/>	10,001 – 25,000	Level 2	4	\$395
<input type="checkbox"/>	25,001 – 50,000	Level 3	4	\$450
<input type="checkbox"/>	50,001 – 100,000	Level 4	4	\$550
<input type="checkbox"/>	100,000+	Level 5	6	\$1,100

Professional Member - \$150 Annual Dues: An individual or company who is contracted with or employed by a jurisdiction eligible for Class A membership and must hold a current Oregon Inspector Certification.

→ **Please select** (same dues fee): Individual **-or-** Company OIC #: _____

Associate Member \$275 Annual Dues: An individual, firm, corporation, or association interested in the objectives of the Association. → **Please select** (same dues fee): Individual **-or-** Company/Organization

Educational Member - \$35 Annual Dues: An Educational member is an individual enrolled in the classes or a course of study related to building codes and code administration and full-time instructors who teach building code and code administration classes.

Please also complete second page →

Employee Information: (For Class A , Professional, or Associate Company 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 Class A Members (refer to the table on page 1 and assign accordingly) and Professional Company members (1 vote).

Additional Employee Representative: Mr. Mrs. Ms. Dr. _____

Position Title: _____ Voting Representative? Yes No

Business/Daytime Phone: _____ Email: _____

Additional Employee Representative: Mr. Mrs. Ms. Dr. _____

Position Title: _____ Voting Representative? Yes No

Business/Daytime Phone: _____ Email: _____

Additional Employee Representative: Mr. Mrs. Ms. Dr. _____

Position Title: _____ Voting Representative? Yes No

Business/Daytime Phone: _____ Email: _____

Additional Employee Representative: Mr. Mrs. Ms. Dr. _____

Position Title: _____ Voting Representative? Yes No

Business/Daytime Phone: _____ Email: _____

Additional Employee Representative: Mr. Mrs. Ms. Dr. _____

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 volunteer leader will contact you with committee details.

Codes – Name of who is interested in joining this committee: _____

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

Legislative – Name of who is interested in joining this committee: _____

Outreach – Name of who is interested in joining this committee: _____

Special Inspection Program (SIP) – Name of who is interested in joining this committee: _____

Standards – Name of who is interested in joining this committee: _____

Payment Options:

Check (payable to OBOA in US Funds) Visa MasterCard American Express Discover

For credit card payments, complete all fields below and fax both pages of this form to 503.253.9172.

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ \$ Authorized: _____

Billing Address: _____ City: _____ State: ___ Zip: _____

Signature: _____ CVV: _____

Email Receipt To: _____

Please return your completed application and payment to the OBOA office. Thank you!

OBOA Tax ID #: 93-0949446

Your association dues are not deductible as a charitable contribution for federal income tax purposes. The 1994 Federal Revenue Reconciliation Act requires dues payments issued may only deduct 32% as an ordinary and necessary business expense. Political contributions are not deductible for federal income tax purposes.