



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
<input type="checkbox"/>	Less than 25,000	2	\$25
<input type="checkbox"/>	25,000 – 100,000	5	\$100
<input type="checkbox"/>	100,001 – 200,000	10	\$200
<input type="checkbox"/>	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: _____

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Position Title: _____ Voting Representative? Yes No
Business/Daytime Phone: _____ Email: _____

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Position Title: _____ Voting Representative? Yes No
Business/Daytime Phone: _____ Email: _____

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Position Title: _____ Voting Representative? Yes No
Business/Daytime Phone: _____ Email: _____

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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 fax both pages of this form to 423.531.4735 or if you wish to provide information over the phone call Chuck Martin at 423-290-2213.

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 Signal Mountain
ATTN: Chuck Martin, TBOA Treasurer
1111 Ridgeway Ave.
Signal Mountain, TN 37377

Monty Kapavik, TBOA Secretary | 5548 Franklin Rd., Ste. 101 | Nashville, Tennessee 37220
Phone: 615.371.8291 | Fax: 615.691.7788 | Email: tboainfo@gmail.com | Website: tboa.net