Ontario Building Officials Association
Building Knowledge/Growing Communities

MEMBERSHIP APPLICATION 2012

Please Print All Information Please note that * indicates required fields necessary for correspondence.

***MEMBERSHIP TYPE**

☐ $323.18 Government

DEFINITION

(a) a duly legislated municipality, including those of countries other than Canada,
(b) the Government of Ontario or its ministries, departments or agencies,
(c) the Government of Canada or its ministries, departments or agencies, and
(d) Canada Mortgage & Housing Corporation (or its successor ministry, department or agency).

☐ $323.18 Associate

DEFINITION

The Board may grant an Associate Membership to those individuals who are directly or indirectly interested in the application of Building Code regulations and are not otherwise entitled to status as a Government Member or other category of Membership.

*MEMBERSHIP FEES INCLUDES 13% HST

Requesting Reinstatement of Past Certified Membership

Last Known Date of Active Membership _____ OR ☐ Other Member ID # _____
DAY MONTH YEAR

ONE OR BOTH HOME AND EMPLOYER EMAILS ARE REQUIRED IN ORDER TO RECEIVE CORRESPONDENCE FROM OBOA

* FULL NAME _____
FIRST MIDDLE SURNAME

* COMPLETE MAILING ADDRESS (HOME)_____

_____*POSTAL CODE _____

*HOME TELEPHONE (_____)_____ HOME FAX (_____)_____

HOME E-MAIL _____ *DATE OF BIRTH_____

* EMPLOYER (MUNICIPALITY/COMPANY)_____

* POSITION/TITLE _____
PLEASE USE ESTABLISHED LEGAL NAME

* COMPLETE MAILING ADDRESS (EMPLOYER)_____

_____*POSTAL CODE _____

*BUS. TELEPHONE (_____)_____ *BUS. FAX (_____)_____

EXTENSION# _____ BUS. E-MAIL _____ OBOA CHAPTER_____

PREFERRED MAILING ADDRESS ☐Business ☐ Home | *I would like to receive my OBOA Journal by ☐ Mail ☐On-Line

*I, _____ UNDERSTAND PAYMENT OF MY MEMBERSHIP DUES CONSTITUTES COMPLIANCE OF THE ONTARIO BUILDING OFFICIALS ASSOCIATION'S RULES OF PROFESSIONAL CONDUCT, SECTION 12 OF THE OBOA BY-LAW.

_____*SIGNATURE _____

PAYMENT TYPE

☐Cheque enclosed. ☐Cheque being sent by mail. ☐ *AMEX* ☐ *VISA* ☐ *MASTERCARD* (complete details below)

Card Number _____ Expiry _____

Cardholder Name _____

Cardholder Signature _____

PERSONAL INFORMATION PROTECTION POLICY – This information is collected under the Personal Information Protection and Electronic Documents Act for the purposes of establishing reliable membership to office communications and related correspondence. This information is not shared, sold or distributed and is maintained in a confidential and secure manner.

*SIGNATURE _____ DATE _____

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