



**Ontario Building Officials Association**  
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 Woodbridge, Ontario L4L 5X4  
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 www.oboa.on.ca

# MEMBERSHIP DETAILS UPDATE

YOUR MEMBER ID # AND SIGNATURE IS REQUIRED ON THIS FORM TO MODIFY OR CHANGE YOUR MEMBER RECORD INFORMATION. YOU CAN FIND THIS NUMBER ON YOUR CURRENT MEMBERSHIP CARD.

Please print in **BLOCK CAPITALS**

Member ID# \_\_\_\_\_

**FULL LEGAL NAME**  
 (FOR TRAINING CERTIFICATES) \_\_\_\_\_  
FIRST MIDDLE SURNAME

**PREFERRED NAME**  
 (FOR MAILING/ COMMON CORRESPONDENCE) \_\_\_\_\_  
FIRST SURNAME

**CERTIFICATION LEVEL**  CBCO  BCQ  Level I  Level II

**CURRENTLY EMPLOYED BY**  GOVERNMENT  PRIVATE SECTOR

**OTHER STATUS**  STUDENT (MUST BE FULL TIME STUDENT)  RETIRED

**HOME ADDRESS** \_\_\_\_\_  
APT/UNIT

\_\_\_\_\_ POSTAL CODE

**HOME TELEPHONE** (\_\_\_\_\_) \_\_\_\_\_ **HOME FAX** (\_\_\_\_\_) \_\_\_\_\_

**HOME E-MAIL** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
Day - Month - Year

**MUNICIPALITY/COMPANY** \_\_\_\_\_

**BUS. ADDRESS** \_\_\_\_\_  
UNIT/SUITE/FLOOR

\_\_\_\_\_ POSTAL CODE

**BUS. TELEPHONE** (\_\_\_\_\_) \_\_\_\_\_ **EXT.** \_\_\_\_\_ **BUS. FAX** (\_\_\_\_\_) \_\_\_\_\_

**BUS. E-MAIL** \_\_\_\_\_ **ARE YOU THE CBO**  YES  NO  
**FOR YOUR MUNICIPALITY?**

**TITLE** \_\_\_\_\_ **OBOA CHAPTER** \_\_\_\_\_

**PLEASE SEND MY OBOA JOURNAL TO**  HOME  PLACE OF BUSINESS

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_