

New Jersey Building Officials Association

Membership Application

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Please complete this application and return to:

NJBOA Membership
C/o Bob LaCosta, Treasurer
430 Park Avenue
Scotch Plains, NJ 07076
www.newjerseyboa.com
MEMBERSHIP TYPE

____ New Member _____ Active Member \$100.00
____ Renewal Member _____ Associate Member \$100.00
Date _____ _____ Subscribing Member \$100.00

PLEASE TYPE OR PRINT ALL INFORMATION

This application must accompany all purchase orders and checks.

Name _____ DCA License# _____

Position Held _____ Phone# _____

Municipality (or employer) _____

Address _____

City _____ County _____ State _____ Zip _____

E-Mail Address _____

Home Address _____ Phone# _____

City _____ State _____ Zip _____

Signature of Applicant _____

(Your signature indicates you agree to abide to the State Code of Ethics)

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License(s) held, Please check all that apply

	Construction Official <input type="checkbox"/>	HHS <input type="checkbox"/>	ICS <input type="checkbox"/>	RCS <input type="checkbox"/>	
Subcode Official	Bldg. <input type="checkbox"/>	Plbg. <input type="checkbox"/>	Elec. <input type="checkbox"/>	Fire <input type="checkbox"/>	Elev. <input type="checkbox"/>
Inspector	Bldg. <input type="checkbox"/>	Plbg. <input type="checkbox"/>	Elec. <input type="checkbox"/>	Fire <input type="checkbox"/>	Elev. <input type="checkbox"/>

NEW APPLICANTS ONLY:

Sponsored by _____ DCA License# _____

Signature of Sponsor (new members) _____