

MEMBERSHIP REGISTRATION FORM

Please print and complete this form. Then return the form with check to the following address:

MABOI Membership 12685 Dorsett Rd #308 Maryland Heights, MO 63043

Checks should be payable to "MABOI"

APPLICATION TYPE Select the type of application. □ New Member □ Renewal APPLICANT INFORMATION		MEMBERSHIP TYPE ☐ Active (\$35.00) Public officials and personnel actively engaged in the governmental administration of building and other related codes, planning and zoning			
			All fields must be cor	mpleted unless noted. PLEASE PRINT.	
			First Name:		☐ Associate (\$35.00)
			_	First Name	Current students or educators of course work related to the
Last Name:	First Name	mission of MABOI that would like to participate in the organization (May be a committee member but cannot vote)			
-	Last Name	Double in the second of the se			
Title:		☐ Participating (\$40.00)			
	(e.g. Chief Inspector)-Optional	Companies or industries in a field related to the mission of			
Representing:	(c.g. cine, inspector) optional	MABOI that would like to participate in the organization (Cannot vote)			
	(e.g. City of Saint Louis)-Optional	□ Retired (Free)			
Business		Retirees who were active members for a period of at least 5			
Address:	Civic / Street / Unit	years and are not qualified for any other type of membership			
City:	civicy sureety onit	(May not hold office)			
_	City	. ☐ Honorary Life (Free)			
State: Zip Code:		Previous active members known for meritorious service			
	State	related to the mission of the organization (May not hold			
		office; limited to 10 people; must be unanimously approved by a Board quorum)			
	XXXXX				
Phone:		☐ Honorary (Free)			
_	WW WW WWW	Awarded to non-members that have exhibited exemplary			
Fax:	XXX-XXX-XXXX	behavior, assisted the organization, or worked with leaders in			
		the field (Must be unanimously approved by a Board quorum;			
	XXX-XXX-XXXX (Optional)	shall have no rights of membership other than receiving the			
E-mail:		newsletter)			
_	XXX@XXXX.XXX (Optional)				
	[Must be provided to receive information / updates]				
APPLICANT SIG	NATURE				
	Signature	 Date			

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