



NEW YORK STATE

BUILDING OFFICIALS CONFERENCE INC.

CAPITAL DISTRICT CHAPTER

Membership Application & Renewal Form

Membership runs for the calendar year, any application received after 12/01 will be applied to the following year.

(This is an invoice) EIN 43-1957256

I hereby apply for membership in the CAPITAL DISTRICT CHAPTER...

Check here if new member Member Since Year _____

Name: _____

Business Address: _____

City: _____ State _____ Zip _____

Title: _____

FDID#/City Code: _____ NYS Training ID # _____

Municipality/Company: _____

Business Phone: _____ Fax Number: _____

E-Mail: _____

E-mail is important as we would like to send all correspondence electronically

Optional – Home address & Phone

Please send mail to (check one)

- Office
 Home

Member is:

- Active** – Restricted to public officials actively engaged in an official capacity within NYS in any governmental department or bureau engaged in the enforcement administration or formulation of laws or ordinances relating to buildings and other structures.
- Retired Active** – limited to those formerly Active members who have retired (*membership fee is waived*).
- Associate** – For active members who are no longer eligible for active membership and public officials other than building officials.
- Honorary** – Conferred upon individuals of distinction who have rendered outstanding services to the Chapter.
- Participating** – Principally includes representatives of manufacturers, contractors, financial institutions, insurance companies and other persons or firms similarly engaged in the building industry.
- Cooperating** – Architects, engineers and representatives of nonprofit technical and professional organizations who are interested in building codes and building construction standards.

Applicant's Signature: _____ Date: _____

Please include payment of \$40.00 per member...Make check payable to NYSBOC...To insure membership in the State organization return by January 31st to:

Andrew Fuller
 Capital District NYSBOC
 11 Hebert Drive
 Latham, NY 12110

OFFICE USE ONLY – Payment Received	
Voucher _____	Date _____
Check # _____	Date _____
Chapter Approval _____	