

# New York State Building Officials Conference, Inc.

## Membership Application and Renewal Form

### FOR THE YEAR 2011

(This is an invoice) -EIN 43-1957256

I hereby apply for membership in the  
**Capital District Chapter**

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title \_\_\_\_\_

FDID #/ City Code \_\_\_\_\_

Municipality/ Company \_\_\_\_\_

Business Phone # \_\_\_\_\_

FAX Number \_\_\_\_\_

E Mail \_\_\_\_\_

**EMAIL IS IMPORTANT AS WE WOULD LIKE TO SEND ALL  
CORRESPONDENCE ELECTRONICALLY**

Optional - Home address & phone number

Please send mail to (check one):

Office  Home

\_\_\_\_\_  
\_\_\_\_\_

Check here if new member:

Member Since Year \_\_\_\_\_

#### 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.
- 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.
- 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 \_\_\_\_\_

Chapter Approval: \_\_\_\_\_

Please include payment of **\$40.00** per member. Make check payable to NYSBOC and to insure membership in the State organization return by January 31, 2011 to:

James Light  
Town of Colonie  
Building Department  
347 Old Niskayuna Rd.  
Latham, NY 12110

Office Use Only Payment Received	
Voucher _____	Date _____
Check # _____	Date _____