

BUILDING OFFICIALS ASSOCIATION OF MISSISSIPPI

365 LOSHER STREET • SUITE200 HERNANDO, MS 38632

2017 MEMBERSHIP APPLICATION

Please complete this form and mail it, along with your check to the Treasurer at the address shown below. This form may be used for new members or renewals.

Date:			
Name:			
Position:			
Jurisdiction	/ Employer:		
Address:			
P.O. Box:		City:	
ST:	_Zip Code	·	<u> </u>
Telephone:		Fax:	Mobile:
Email addre	ess:		
Website:			
	Active Membershi	p: based on the net p nsus data contact <u>Bri</u> please list staff memb r(s): \$125.00 each mber: \$100.00 each s): \$10.00 each	to include the following: opulation of the Jurisdiction* an Grissom, BOAM Treasurer, or MS.GOV ers on page 2.
	Retired member: I	NO FEE	
Please mak	e check payable to: Mail to:		

For additional information and event dates, please visit the **BOAM** website.





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Jurisdiction				
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STAFF	EMAIL	TELEPHONE (If different from page one)

