

APPLICATION FORM

O.A.P.I. MEMBERSHIP 2010 AND CONFERENCE

PLEASE PRINT ALL INFORMATION

NAME _____

CERT. # _____

OTHER CERTIFICATION () CBO () BI () ESPI () CLASS 2 () MED GAS

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ - _____ - _____

EMAIL _____

COUNTY YOU LIVE IN _____

CIRCLE THE APPROPRIATE DEPT. PERTAINING TO YOU

BUILDING DEPT- HEALTH DEPT- COMPANY- OTHER

PLACE OF EMPLOYMENT _____

TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE: _____ - _____ - _____

THE UNDERSIGNED AGREES TO ABIDE BY THE CONSTITUTION AND BY-LAWS
OF THE OHIO ASSOCIATION OF PLUMBING INSPECTORS

SIGNATURE OF APPLICANT _____ DATE _____

PLEASE CHECK ONE OF THE FOLLOWING

___ I WILL BE ATTENDING THE 2010 CONFERENCE-----TOTAL AMOUNT DUE \$ 200.00

___ I WILL NOT BE ATTENDING THE 2010 CONFERENCE--TOTAL AMOUNT DUE \$ 50.00

Make checks out to O.A.P.I and mail along with reservation form to:

O.A.P.I.
P.O. Box 371
Brookville, Ohio 45309