

O.A.P.I. 2010 MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

NAME _____

BBS CERT. # _____

RPI CERT. # _____

DIC CERT. # _____

OCILB CERT. # _____

ARE YOU A MEMBER OF ICC () YES () NO

PLACE OF EMPLOYMENT _____

TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

BUSINESS PHONE: _____ - _____ - _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ - _____ - _____

EMAIL _____

COUNTY YOU LIVE IN _____

I PREFER TO BE CONTACTED AT

HOME () OFFICE ()

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

SIGNATURE OF APPLICANT _____ DATE _____

TOTAL AMOUNT DUE \$ 50.00

Make check out to O.A.P.I and mail along with application form to:

O.A.P.I.
P.O. Box 156
Huron, Ohio, 44839