

# O.A.P.I. MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

NAME \_\_\_\_\_

CERT. # \_\_\_\_\_

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

ARE YOU A MEMBER OF THE INTERNATIONAL CODE COUNCIL ( ) YES ( ) NO

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_

COUNTY YOU LIVE IN \_\_\_\_\_

Type of Department:

( ) 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 \_\_\_\_\_

TOTAL AMOUNT DUE \$ 50.00

Make checks payable to **O.A.P.I** and mail along with reservation form to: **O.A.P.I.**  
**P.O. Box 371, Brookville, Oh. 45309**