

Ohio Association of Plumbing Inspectors



2017 Membership Application

Please Print Clearly or Type all Information
Membership is Open to Inspectors
Associate Membership is Open to Contractors

www.oapi.org

Last name _____ First name _____ MI _____

BBS Cert # _____ DIC Cert # _____ RPI Cert # _____ OCILB # _____ RS # _____

Are You a Member of ICC Yes [] No []

Place of Employment _____ Job Title _____

Work Address: _____

City _____ State _____ County _____ Zip _____

Business Phone _____ Business email _____

In the event of an Emergency contact: _____ Phone () _____
Name Relationship

Home Address _____

City _____ State _____ County _____ Zip _____

Home Phone _____ Home email _____

Signature of Applicant _____ Date: _____

Where would you preferred to be contacted? Home: [] Work: []

[] Yes, I would like to become a Member-----\$50.00

Please make checks payable to OAPI and mail with application to:

The Ohio Association of Plumbing Inspectors
P.O. Box 201
West Chester, Ohio 45071