

# Ohio Association of Plumbing Inspectors



## 2018 Membership Application

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

[www.oapi.org](http://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