



MID-MICHIGAN CODE OFFICIALS ASSOCIATION - MMCOA

2021 MEMBERSHIP APPLICATION (04/01/2021 - 03/31/2022)

MEMBER INFORMATION

| | | |
|---|--|---|
| MEMBER NAME (PRINT) | | |
| MUNICIPALITY / COMPANY | | |
| MAILING ADDRESS | | |
| CITY | STATE MI | ZIP CODE |
| PHONE # (INCLUDING AREA CODE) | EMAIL ADDRESS | |
| PA 54 REGISTRATION NUMBER | RESIDENTIAL BUILDING LICENSE NUMBER (IF APPLICABLE) | |
| ICC MEMBER | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, ICC #: |
| <input type="checkbox"/> BUILDING OFFICIAL | <input type="checkbox"/> BUILDING INSPECTOR | <input type="checkbox"/> PLAN REVIEWER |
| <input type="checkbox"/> ELECTRICAL INSPECTOR | <input type="checkbox"/> MECHANICAL INSPECTOR | <input type="checkbox"/> PLUMBING INSPECTOR |
| <input type="checkbox"/> ARCHITECT | <input type="checkbox"/> OTHER | |

MEMBER OPTIONS

| | | |
|---|----------------------|---|
| <input type="checkbox"/> REGULAR MEMBER | \$60 ANNUALLY | *Members who currently have a valid Public Act 54/401 registration and are actively enforcing code. |
| <input type="checkbox"/> ASSOCIATE MEMBER | \$60 ANNUALLY | *Members who do not have an Act 54 registration. |
| <input type="checkbox"/> HONORARY MEMBER | | |

PAYMENT

Membership dues can be made by cash or check.

Cash payment will only be accepted in person at any class. (Not by mail)

Checks accepted in person at any class or by mail.

Payments and application will both need to be submitted together.

***Application and payment is due annually.**

In order to attend class, member dues will need to be paid in full.

MAIL CHECKS TO: East Lansing Post Office
1140 Abbot Road
PO Box 4974
East Lansing, MI 48826

CHECKS PAYABLE TO: Mid-Michigan Code Officials Association

SIGNATURE

| | |
|---------------------------|-------------|
| SIGN HERE X | DATE |
|---------------------------|-------------|

The above information is accurate to the best of my knowledge.

CONTACT INFORMATION

Liz Harrow / MMCOA President
 Phone: (517) 803-8874
 Email: lizharrow@gmail.com

OFFICE USE ONLY

Date Received _____
 Payment Method: Cash Check # _____