

MEMBERSHIP APPLICATION 2024

NAME:			
(Last)	(First)		(M. I.)
ADDRESS:			
	(Street/P.O.	Box)	
(City)	(State)		(Zip)
TELEPHONE NUMBER	FAX N	UMBER	
E-MAIL ADDRESS:			
Date			
MEMBERSHIP DUES:			
() Active Member (Public C	Officials ONLY): \$	30.00	
() Associate Member (Priva	te Associates): \$	50.00	
() Retired/Lifetime Member	:: No	o Charge	
() Active members 5 or mor	e S	6150	
() Associate Members 5 or 1	nore	\$250	
	antity	Size(s)_	
(1 per active member)			

Make Checks Payable To:

Upper East Tennessee Chapter, Building Officials Assoc. or UETBOA

Mail Checks to:

Town of Greeneville Attn: Building Department – Alex Headrick 200 North College Street Greeneville TN 37745