



# APPLICATION *for* MEMBERSHIP

## INTERNATIONAL ASSOCIATION OF PLUMBING AND MECHANICAL OFFICIALS

### Check the Class of Membership for Which You are Applying.

1.  Governmental Unit (By Population of Governmental Unit)
  - 1 to 25,000 (Level 1) .....\$ 150.00
  - 25,001 to 50,000 (Level 2) .....200.00
  - 50,001 to 300,00 (Level 3) .....250.00
  - Over 300,000 (Level 4) .....300.00
2.  Individual .....75.00
3.  Senior\* .....15.00
4.  Organization .....425.00
5.  Student/Apprentice\*\* .....25.00
6.  International\*\*\* .....\$50.00
7.  Introductory\*\*\*\* .....\$0

\* To qualify for a senior membership, applicants must be 62 years of age or older.

\*\* If you're applying for a student membership, please include a copy of your student ID card, recent transcript, or proof of enrollment.

\*\*\* Outside U.S. and Canada – membership materials in electronic format only

\*\*\*\* Complimentary – 12 consecutive months only and membership materials in electronic format only

### Please Print or Type (Must Complete All Fields)

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Company Name (optional): \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Fax. No.: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 How did you hear about IAPMO? \_\_\_\_\_  
 Mailing/Shipping address (if different from above) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

### Please check the applicable boxes in both the Professional and Specialty Fields

#### Professional Fields:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Backflow/Cross Connection Prevention | <input type="checkbox"/> Hydronics          | <input type="checkbox"/> Retired                 |
| <input type="checkbox"/> Bookstore                            | <input type="checkbox"/> Mechanical         | <input type="checkbox"/> Water Filtration        |
| <input type="checkbox"/> Drain & Sewer                        | <input type="checkbox"/> Plumbing           | <input type="checkbox"/> Water Heating Equipment |
| <input type="checkbox"/> Fire Sprinkler                       | <input type="checkbox"/> Professional       | <input type="checkbox"/> Welding                 |
| <input type="checkbox"/> Gas                                  | <input type="checkbox"/> Refrigeration      | <input type="checkbox"/> Other (Specify) _____   |
| <input type="checkbox"/> HVAC/R                               | <input type="checkbox"/> Research & Testing |  |

#### Specialty Fields:

- |  |   |
|--|---|
| <input type="checkbox"/> Apprentice                              | <input type="checkbox"/> Marketing (sales)                                |
| <input type="checkbox"/> Architect                               | <input type="checkbox"/> Plans Examiner                                   |
| <input type="checkbox"/> Building Official                       | <input type="checkbox"/> Plumbing/Mechanical Engineer                     |
| <input type="checkbox"/> Commercial, Industrial or Institutional | <input type="checkbox"/> Professional Engineer                            |
| <input type="checkbox"/> Contractor                              | <input type="checkbox"/> Public Service (commissioner, government agency) |
| <input type="checkbox"/> Educator (instructor, professor)        | <input type="checkbox"/> Remodeling                                       |
| <input type="checkbox"/> Estimator                               | <input type="checkbox"/> Residential Construction                         |
| <input type="checkbox"/> Inspector                               | <input type="checkbox"/> Service & Repair                                 |
| <input type="checkbox"/> Journeyman (installer)                  | <input type="checkbox"/> Sheet Metal                                      |
| <input type="checkbox"/> Legal                                   | <input type="checkbox"/> Student  |
| <input type="checkbox"/> Manufacturer                            | <input type="checkbox"/> Supplier (wholesaler-dealer)                     |
| <input type="checkbox"/> Other (Specify) _____                   |   |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Method of Payment (Please Complete) ++

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Check       | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> Invoice Me       |
| <input type="checkbox"/> Visa        | <input type="checkbox"/> Online           |
| <input type="checkbox"/> Master Card | (www.iapm-membership.org)                 |

Credit Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC Number: \_\_\_\_\_

The CVC number is the last 3 digits located on the back of Master Card and Visa. American Express cards, the CVC number is a printed (NOT embossed) group of four digits on the front towards the right.

Signature as shown on Credit Card: \_\_\_\_\_

Date: \_\_\_\_\_

#### Please make checks payable to:

IAPMO  
 4755 East Philadelphia Street  
 Ontario, California 91761-2816  
 909-472-4211 Fax: 909-472-4157  
 Email: memberservices@iapmo.org

++ Not required for Introductory Membership

### Additional Information

How would you like to receive the OFFICIAL Magazine?

- Print (Not available for International or Introductory Membership)  Online (Electronic Version)

How would you like to receive your Membership renewal notification?  Email (Printable Copy)

- US Mail (Not available for International or Introductory Membership)

IAPMO's Green initiative is to go paper-free by providing the Code Monographs, Committee Reports in digital Adobe PDF format at <http://www.iapmo.org/Pages/DownloadCenter.aspx>

To request a printed copy please download a request form at <http://www.iapmo.org/pages/default.aspx> or contact Alma Ramos at 909-230-5528.