



# MEMBERSHIP APPLICATION

**PermitTechNation**

*Welcomes your application for membership*

MAIL RENEWAL – Please return completed form with your payment

New Application  Renewal

Jurisdiction: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**To update our roster, please complete the following information for EACH member**

**PLEASE PRINT**

Name: \_\_\_\_\_

Chapter Member Designee: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Ext. # \_\_\_\_\_

Fax: \_\_\_\_\_

Email address (required): \_\_\_\_\_

Do you have access to the internet at: Work  Home

Certified Permit Technician: Yes  No  Other Certifications (Attach List)

ICC Member Yes  No  Member# \_\_\_\_\_

<b>MAKE CHECK PAYABLE TO:</b>	<b>PermitTechNation OR PTN</b> Tax ID #: 47-4230376	
<b>MAIL CHECK TO:</b>	<b>PTN Treasurer, Brenda Sirkis</b> <b>West Windsor Township</b> <b>PO Box 38</b> <b>West Windsor, NJ 08550</b>  <b>Phone (609) 799-8490 ▪ Fax (609) 799-2764</b> <a href="mailto:bsirkis@westwindsortwp.com">bsirkis@westwindsortwp.com</a>	<b>Article VI, Voting, Section 6.6:</b> <i>“To vote in any election, or to be elected to office, a person must become a member of the organization at least thirty (30) days preceding the elections.”</i>

### Memberships available through

**Individual Member**- You must be **currently employed** by a political subdivision or municipality for this membership type. \$25.00

**Chapter Membership** - Any Association or Chapter whose members are employed by/for a governmental entity that is actively engaged in the administration and enforcement of building codes and all related ordinances. Please designate voting member above. \$100.00

**Corporate Membership**: Any organization such as an association, society, testing laboratory, institute, university, college, company, manufacturer, or corporation interested in the purpose and the objectives of PermitTechNation. \$300.00

**Special Membership**: Special memberships may include but are not limited to Honorary Member, Retired Member and Student/Intern Member. (Must be approved by Board of Directors) \$0

*PTN Use Only:*

Receipt # \_\_\_\_\_ Date Received \_\_\_\_\_ Check # \_\_\_\_\_