



Governmental Membership Reinstatement Application Please select membership by population of jurisdiction: Page 1 of 2

Previous Member Number: \_\_\_\_\_

- Up to 50,000 \$125 Two-Year Discount \$213 Three-Year Discount \$300
50,001-150,000 \$225 Two-Year Discount \$383 Three-Year Discount \$540
150,001+ \$350 Two-Year Discount \$595 Three-Year Discount \$840

PLEASE PRINT ALL INFORMATION CLEARLY.

JURISDICTION \_\_\_\_\_

DEPARTMENT/AGENCY \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

BILLING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Governmental Members hereby agree that the persons listed on this form may receive communications from ICC by electronic mail or other means of electronic communication, or by the posting of such communications to ICC's website, together with a separate notice of such posting.

Primary Representative Check here if you would like to receive information about ICC products and services via: Fax E-mail

- MR. MS.

NAME E-MAIL

TITLE PHONE EXT. FAX

Signature of authority having jurisdiction required for designation of Governmental Voting Member Representatives on page 2:

SIGNATURE DATE

continued on page 2 >

Payment Information Annual membership dues must be prepaid with check, money order, or credit card and submitted with application.

Enclosed is my: CHECK (Payable to ICC) MONEY ORDER

Charge my: VISA MASTERCARD DISCOVER AMERICAN EXPRESS Please apply this total amount to my credit card: \$

CREDIT CARD NUMBER EXP. DATE

CARDHOLDER'S NAME SIGNATURE

Is your organization tax exempt? No Yes: If yes, a copy of your tax exempt certificate is required.

If you filled out this application in response to an ICC flyer or ad, please indicate the Tracking Number (located in black box in lower left corner): #

# Governmental Membership Application Continued

**1–50,000 population, up to four Governmental Member Representatives (including primary representative above). List up to three additional representatives below:**

2.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

3.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

4.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

**50,001–150,000 population, up to eight Governmental Member Representatives (including primary representative). List up to four additional representatives below:**

5.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

6.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

7.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

8.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

**150,001+ population, up to twelve Governmental Member Representatives (including primary representative). List up to four additional representatives below:**

9.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

10.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

11.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

12.  MR.  
 MS.

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NAME E-MAIL

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TITLE PHONE EXT. FAX

**Submitting the Application** There are four easy ways to submit this completed application along with payment or credit card information.

- 1. FAX: (205) 591-0775
- 2. MAIL: International Code Council  
900 Montclair Road  
Birmingham, AL 35213
- 3. CALL: 1-888-ICC-SAFE  
(422-7233), x33804
- 4. SCAN & EMAIL:  
members@iccsafe.org