



Individual Membership Reinstatement Application Select Membership for which you are applying:

Previous Member Number: _____ PLEASE PRINT ALL INFORMATION CLEARLY.

- Building Safety Professional Member...
Certified Member...
Associate Member...
Student Member...
Retired Member...

MR.
MS.
NAME

TITLE

E-MAIL

ORGANIZATION/JURISDICTION

PHONE (SPECIFY COUNTRY AND CITY CODE IF OUTSIDE THE U.S.) EXT. FAX (SPECIFY COUNTRY AND CITY CODE IF OUTSIDE THE U.S.)

SHIPPING ADDRESS

CITY

STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

BILLING ADDRESS (IF DIFFERENT)

CITY

STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

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

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

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): #

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
3. CALL: 1-888-ICC-SAFE
4. SCAN & EMAIL: members@iccsafe.org