

Corporate Membership R	einstatement Applica	tion Select Membe	rship for which yo	u are applying: PLEASE PRINT CLEARLY.
Previous Member Number:				
□One Year Membership \$600	□Two-Year Discount \$102	0 □ Three-Year Dis	count \$1440	
ORGANIZATION				SALES TAX EXEMPT? See below*
☐ Mr. ☐ Ms.				
CONTACT NAME				
TITLE				
EMAIL				
PHONE (SPECIFY COUNTRY AND CITY CODE IF OUTSIDE THE U.S.)	1	EXT.	FAX (SPECIFY COUNTRY A	AND CITY CODE IF OUTSIDE THE U.S.)
SHIPPING ADDRESS				
CITY				
STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY	
BILLING ADDRESS (IF DIFFERENT)				
CITY	· <u> </u>			
STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY	
Check here if you would like to receive	re information about ICC product	ts and services via: 🗆 Er	mail	
Payment Information Annual m Credit card payments must be comple Enclosed is my: □ CHECK (Payable	eted online or by telephone at w	ww.iccsafe.org/membersi		-
*Is your organization tax exempt?]No □Yes: If yes, a copy o	of your tax exempt certifica	ate is required.	

Submitting the Application Mail this application, along with a check or money order for your dues, to International Code Council, Attention Member Services, 900 Montclair Road, Birmingham, AL 35213-1206.