

Individual	Membership	Reinstatement A	pp	lication

PLEASE PRINT ALL INFORMATION CLEARLY.

Previous Member Number:				
Select Membership for which you a	are applying:			
Building Safety Professional Me	mber An individual who is interest	ed in the purposes	and objectives of the ICC.	
\$215 One Year Membership	Two-Year Discount \$365	Three-Year	Discount \$515	
Participating Member				
\$70 One Year Membership	Two-Year Discount \$120	Three-Year	Discount \$165	
Student Member (Attach a copy of	current transcript showing at least 1	12 hours of study) i	Estimated graduation date:	
\$65 One Year Membership	Two-Year Discount \$110	Three-Year	Discount \$155	
Mr. Ms.				
NAME				
TITLE				
E-MAIL				
ORGANIZATION/JURISDICTION				
PHONE (SPECIFY COUNTRY AND CITY CODE IF OUTSIDE TH	E U.S.) EXT.		FAX (SPECIFY COUNTRY AND CITY CODE IF OUTSIDE THE U.S.)	
SHIPPING ADDRESS				
CITY				
STATE/PROVINCE	ZIP/PC	OSTAL CODE	COUNTRY	
BILLING ADDRESS (IF DIFFERENT)				
CITY				
STATE/PROVINCE	ZIP/PC	OSTAL CODE	COUNTRY	
Check here if you would like to receive in	formation about ICC products and s	services via: E-n	nail	

Payment Information Annual membership dues must be prepaid. Complete and print this application to include with a check or money order. *Credit card payments must be completed online or by telephone at www.iccsafe.org/membership or 888-ICC-SAFE (888-422-7233) x33804.*

Enclosed is my: CHECK (Payable to International Code Council) MONEY ORDER

Submitting the Application Mail this application, along with a check or money order for your dues, to International Code Council, Attn: Member Services, 25442 Network Place, Chicago IL 60673-1254. *Credit card payments may be submitted online at www.iccsafe.org/membership/join-icc. Questions? Contact us at members@iccsafe.org or 888-ICC-SAFE (888-422-7233) ext 33804.*