

Individual Membership Reinstatement Application

PLEASE PRINT ALL INFORMATION CLEARLY.

Previous Member Number:			
Select Membership for which you	are applying:		
Building Safety Professional Me	mber An individual who is interest	ted in the purposes and	d objectives of the ICC.
\$204 One Year Membership	Two-Year Discount \$347	Three-Year Dis	scount \$488
Participating Member			
\$66 One Year Membership	Two-Year Discount \$112	Three-Year Dis	scount \$158
Student Member (Attach a copy of	current transcript showing at least	12 hours of study) Est	imated graduation date:
\$60 One Year Membership	Two-Year Discount \$103	Three-Year Dis	scount \$145
Mr. Ms.			
NAME			
TITLE			
E-MAIL			
ORGANIZATION/JURISDICTION			
PHONE (SPECIFY COUNTRY AND CITY CODE IF OUTSIDE TH	EU.S.) EXT.		FAX (SPECIFY COUNTRY AND CITY CODE IF OUTSIDE THE U.S.)
SHIPPING ADDRESS			
CITY			
STATE/PROVINCE	ZIP/P	OSTAL CODE	COUNTRY
BILLING ADDRESS (IF DIFFERENT)			
CITY			
STATE/PROVINCE	ZIP/P	OSTAL CODE	COUNTRY
Check here if you would like to receive in	formation about ICC products and	services via: E-mai	I

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, Attention Member Services, 900 Montclair Road, Birmingham, AL 35213-1206. *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.*