

# WEST VIRGINIA CODE OFFICIALS ASSOCIATION

## 2008 Annual Membership Dues

Submit Payment  
& Application to:  
8995

Steve Parsons, City of Barboursville

Phone: 304-736-

PO Box 266, Barboursville, WV 25504

FAX: 304-736-7850

Classification: Active (\$40.00) \_\_\_\_\_ Associate Supplier (\$150.00) \_\_\_\_\_

Associate Individual (\$40.00) \_\_\_\_\_ Associate Organization (\$150.00) \_\_\_\_\_

Organization: \_\_\_\_\_  
(City/County/Agency/Company)

Mailing Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

List each individual by name and title (PLEASE TYPE or Print)

Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Member

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_