

# WEST VIRGINIA CODE OFFICIALS ASSOCIATION

## 2024 MEMBERSHIP APPLICATION

**Submit Application and Payment:**

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**CLASSIFICATION**

Active Individual \$ 40.00 \_\_\_\_\_

Associate Supplier \$ 150.00 \_\_\_\_\_

Associate Individual \$ 40.00 \_\_\_\_\_

Associate Organization \$ 150.00 \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

(City, County, Agency, Company)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ MOBILE: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
\_\_\_\_\_

List each individual by name and title. PLEASE PRINT OR TYPE

Member name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
\_\_\_\_\_  
=====

Member name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
\_\_\_\_\_  
=====

Member name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Cell: \_\_\_\_\_

EMAIL:

\_\_\_\_\_  
=====

Member name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Cell: \_\_\_\_\_

EMAIL:

\_\_\_\_\_  
=====

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Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

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EMAIL:

\_\_\_\_\_