

NORTH CAROLINA PERMITTING PERSONNEL ASSOCIATION, INC.

MEMBERSHIP APPLICATION AND/OR RENEWAL FORM

JULY 1, 2017 TO JUNE 30, 2018

PLEASE TYPE OR PRINT:

JURISDICTION: _____

BUSINESS MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

PHONE: _____ **FAX:** _____

Please list (print) each person in your department to be a member of the NCPPA.

Attach additional pages, if needed.

*****One member of each department required to be on e-mail "List Serve" to receive updates.*****

First Member: _____ **List Serve E-Mail:** _____

Title: _____

Second Member: _____ **E-Mail:** _____

Title: _____ **Check if want to be on List Serv:** _____

Third Member: _____ **E-Mail:** _____

Title: _____ **Check if want to be on List Serv:** _____

*****MAKE CHECKS PAYABLE TO: NORTH CAROLINA PERMITTING PERSONNEL ASSOCIATION, INC.*****

Annual Membership Fee: \$50.00 per Department

NCPPA
c/o Town of Garner, Inspections Dept.
Attention: Colleen Doig
900 7th Ave.
Garner, NC 27529