



OBOA

ONTARIO
BUILDING OFFICIALS
ASSOCIATION

STUDENT MEMBERSHIP APPLICATION 2020

Please Print All Information Please note that * indicates required fields necessary for correspondence.

\$38 Limited Offer for a Full-time Student*

DEFINITION

- (a) enrolled full time in a program of study in Canada relating to the construction of buildings at a recognized post-secondary institution, or
- (b) enrolled full time at a recognized post-secondary institution in Canada in a program of study relating to building construction, or
- (c) enrolled full time at a recognized post-secondary institution in Canada in a program that would assist such person in the administration or enforcement of building standards.

*MEMBERSHIP FEES INCLUDES 13% HST

Mr. Mrs. Ms. Miss.

* FULL NAME _____
FIRST MIDDLE SURNAME

* COMPLETE MAILING ADDRESS (HOME) _____
*POSTAL CODE _____

*HOME TELEPHONE (_____) HOME FAX (_____) _____

HOME E-MAIL _____ *DATE OF BIRTH _____

*COLLEGE/UNIVERSITY _____

* PROGRAM _____

* COLLEGE YEAR 1ST 2ND 3RD

EXPECTED DATE OF GRADUATION _____

***VERIFICATION: IN ORDER TO VERIFY YOUR STATUS AS A STUDENT, PLEASE PROVIDE THE NECESSARY INFORMATION IN THE SPACE PROVIDED BELOW AND HAVE IT SIGNED BY YOUR COLLEGE INSTRUCTOR OR REPRESENTATIVE.**

THIS IS TO CERTIFY THAT _____

IS PRESENTLY ENROLLED AS A STUDENT AT _____

IN THE _____ **(1ST/2ND/3RD) YEAR OF THE** _____ **PROGRAM.**

SIGNED: _____ **TITLE:** _____

DATE: _____

***COPY OF STUDENT ID CARD REQUIRED.**

*I, _____ UNDERSTAND PAYMENT OF MY MEMBERSHIP DUES CONSTITUTES COMPLIANCE OF THE ONTARIO BUILDING OFFICIALS ASSOCIATION'S RULES OF PROFESSIONAL CONDUCT, SECTION 12 OF THE [OBOA BY-LAW](#).

*SIGNATURE _____

PAYMENT TYPE

Cheque enclosed. Cheque being sent by mail. AMEX VISA MASTERCARD (complete details below)

Card Number _____ Expiry _____

Cardholder Name _____

Cardholder Signature _____

PERSONAL INFORMATION PROTECTION POLICY – This information is collected under the Personal Information Protection and Electronic Documents Act for the purposes of establishing reliable membership to office communications and related correspondence. This information is not shared, sold or distributed and is maintained in a confidential and secure manner.

*SIGNATURE _____ DATE _____

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