



## MEMBER DATA UPDATE

Please take a moment to review the information below and make any necessary corrections. Thank you!

Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ Home Telephone (optional): \_\_\_\_\_

E-mail: \_\_\_\_\_

Member Type: Please check: **Active**                      **Associate**                      **Honorary**                      **Inactive**  
**Special Government Org**                      **Subscribing**

Briefly state education and professional experiences and qualifications, making sure to list any professional registrations or certifications. This information is used to keep an accurate record of our membership credentials.

Education: \_\_\_\_\_

Professional Experience: \_\_\_\_\_

Certification: \_\_\_\_\_

Codes Presently Enforced: \_\_\_\_\_

Is your city/town a member of ICC? Please check: **Yes**                      **No**                      **Date**

Please return this form to:  
New Hampshire Building Officials Association  
25 Triangle Park Drive  
Concord, NH 03301