

Oklahoma Code Enforcement Association Application for Membership

NAME (first) (m.i.) (last) TITLE AGENCY			
		STREET ADDRESS	
		PO BOX CITY	STATE ZIP
		PHONE:	FAX:
E-MAIL			
TYPE OF MEMBERSHI	•		
	se actively employed as a Code Officer		
Associate \$30.00 - N	lot currently employed as a Code Officer		
(Applicant's Signature)			
Please submit the complete	d application form with a check made payable to		
Oklahoma Code Enforcemen			
Oklahoma Code Enforcemen	t Association		
201 NE 23rd St			
Oklahoma City OK 73105			
Or Fax to:			

Oklahoma Code Enforcement Association

(405)-528-7560