



*International Association of Plumbing and Mechanical Officials*

Central California Chapter Membership Update

**PLEASE PRINT OR TYPE:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name  
(optional): \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Fax. No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Do you want to receive meeting minutes and notices by USPO or E-Mail? \_\_\_\_\_

How many Chapter Meetings do you attend a year? \_\_\_\_\_

Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_