



## APPLICATION FOR MEMBERSHIP

DATE OF APPLICATION:

APPLICANT'S NAME:

JOB TITLE:

ORGANIZATION:

BUSINESS ADDRESS:

CITY / STATE:

ZIP:

COUNTY:

PHONE:

FAX NUMBER:

E-MAIL:

TYPE OF MEMBERSHIP REQUESTED:  REGULAR- \$40  ASSOCIATE- \$40

**\*\*\*IMPORTANT:** For new members joining **between July 1<sup>st</sup> and November 30<sup>th</sup>**, the membership rate is **\$20.00** for the remainder of the calendar year.

ARE YOU A CERTIFIED ZONING OFFICIAL (CZO)?  YES  NO

DATE OF CERTIFICATION:

ARE YOU WILLING TO SERVE AS AN OFFICER:  YES  NO

ARE YOU WILLING TO SERVE ON A COMMITTEE:  YES  NO

YEARS OF EXPERIENCE IN ZONING FIELD:

DESCRIBE BRIEFLY THE MAJOR AREAS OF RESPONSIBILITY OF YOUR POSITION AS IT RELATES TO ZONING ADMINISTRATION AND OR ENFORCEMENT:

FINAL DETERMINATION AS TO TYPE OF MEMBERSHIP YOU QUALIFY FOR WILL BE THE RESPONSIBILITY OF THE MEMBERSHIP COMMITTEE.

RETURN APPLICATION AND CHECK TO: Brian K. Sifford, CZO  
Mecklenburg County  
12105 Verhoeff Dr.  
Huntersville, NC 28078

MAKE CHECK PAYABLE TO: NORTH CAROLINA ASSOCIATION OF ZONING OFFICIALS

**Place Business Card Here**