M.T.C.O.A.

**MIDDLE TENNESSEE CODE OFFICIALS ASSOCIATION**

**2024 – 2025 Annual Membership Dues** **INVOICE**

Please mark your category on the table

|  |  |  |
| --- | --- | --- |
| Type (select one) | Select Type | Membership Year July 1 – June 30 Payable July 1 |
| **Active Members:** |  | **Active Members per Jurisdiction** |
| Jurisdictional Population |  |  |
| Less than 6,999 |  | $ 75.00 total |
| 7,000 to 24,999 |  | $ 125.00 total |
| 25,000 to 99,999 |  | $ 250.00 total |
| 100,000 to 199,999 |  | $ 500.00 total |
| 200,000 to 499,999 |  | $ 625.00 total |
| 500,000 or more |  | $ 800.00 total |
|  |  |  |
| **Associate Members:** |  | **Associate Members** |
| Professional |  | $ 150.00 each |
| Organizational |  | $ 500.00 total |
| **Other Membership:** |  | **Other Membership** |
| Retired |  | N/C |
| Honorary |  | N/C |

Member Name: Title:

Jurisdiction/Business:

(List all names of all inspectors and/or jurisdiction officials on reverse form)

|  |  |  |
| --- | --- | --- |
| Address: | City/State/Zip: |  |
| Phone: ( |  ) | PAID = CHECK NO:  |
| E-Mail: |  |  |

Make MTCOA Membership check payable to: **MTCOA**

Mail to: Kristen Lenkowski

City of Franklin

109 3rd Avenue S

Franklin, TN 37064 kristen.lenkowski@franklintn.gov

**Additional Members – Inspectors – Government Officials**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Address if different** | **E-Mail** |
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