

LOS ANGELES BASIN CHAPTER

INTERNATIONAL CODE COUNCIL

Established 1957
www.icclabc.org

P.O. Box 1099
 Alhambra, CA 91802
 @LABC_ICC



ANNUAL MEMBERSHIP REGISTRATION APPLICATION CALENDAR YEAR 2020 JANUARY 1, 2020 THRU DECEMBER 31, 2020

The annual dues for each membership category are established by the Board of Directors pursuant to Section 2.2 of the Chapter Bylaws. Annual membership dues are payable starting the first day of the calendar year.

**2020
 BOARD OF DIRECTORS:**

PRESIDENT
 ARA SARGSYAN, PE, CBO
 City of Santa Monica

1ST VICE PRESIDENT
 PHILIP YIN, SE, CASp
 City of Long Beach

2ND VICE PRESIDENT
 CIARA BARNETT, PE, CASp
 County of Los Angeles

TREASURER
 CELINE SARKISLOO
 City of Glendale

SECRETARY
 EUGENE BARBEAU, PE
 City of Los Angeles

COMMITTEE CHAIRS:

ADMINISTRATION
 TRUONG HUYNH, PE, CBO
 City of Long Beach
 SHAHEN AKELYAN, SE
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DISABLED ACCESS
 FARUK SEZER, PE, CASp
 City of Los Angeles
 CHRIS AGUS, CASp
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FIRE-LIFE SAFETY
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 City of Glendale
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 City of Los Angeles

STRUCTURAL
 GREGORY BOWSER, SE
 City of Long Beach
 ALLEN MANALANSAN, SE
 City of Los Angeles

SUSTAINABILITY
 JOSHUA HUSSEY
 County of Los Angeles

Membership Information Required

First Name: _____ Last Name: _____

Company: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Annual Due for Each Membership Category ¹

Select Membership Type	Select Membership Rate	Due	Quantity	Amount
<input type="checkbox"/> Governmental Member	<input type="checkbox"/> Individual	\$100.00		
<input type="checkbox"/> Associate Member	<input type="checkbox"/> Small Group (up to 10)	\$300.00		
	<input type="checkbox"/> Large Group (over 10)	\$500.00		
<input type="checkbox"/> Honorary Member	<input type="checkbox"/> Individual	Free		
<input type="checkbox"/> Student Member	<input type="checkbox"/> Individual	Free		
			Total:	

Payment Information ²

If by check, please make it payable to:

ICC Los Angeles Basin Chapter

Mailing Address:

P.O. Box 1099, Alhambra, CA 91802

If by PayPal, please make payment at:

<https://icclabc.org/membership>

NOTES:

¹ Where annual due to be paid is for more than one member, please provide the contact information of all additional governmental or associate members on the back of this application.

² No person shall be considered in good standing, or be qualified to exercise membership participation or entitled to receive any privilege of membership, who is default in payment of dues for three months, except as may be extended by the Board of Directors.





Additional Members Information (make additional copies as necessary)

First Name: _____ Last Name: _____

Company: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

First Name: _____ Last Name: _____

Company: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

First Name: _____ Last Name: _____

Company: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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