

Construction Licensing Officials Association of Florida, Inc.

Membership/Dues Invoice 2018

William F. Brod Jr., Executive Director
 255 Evernia Street #1202
 West Palm Beach, Fl. 33401



CLOAF WEBSITE: www.cloaf.org

THIS INVOICE IS FOR PAYMENT OF THE 2018 CLOAF MEMBERSHIP DUES
2018 Membership / Renewal Dues

DUES TYPE Renewal _____
 New Member _____
MEMBERSHIP PERIOD **01/01/18 - 12/31/18**
EMPLOYER ID NO. **57-1184202**

DATE	SERVICE DESCRIPTION	TYPE	DUES
AFTER 2 PD MEM.>>>	FIRST TWO SAME GOVERNMENT MEMBERS	ACTIVE	\$150.00 each
	ADDITIONAL MEMBERS FROM SAME GOVERNMENT	ACTIVE	\$ 50.00 each
	STATE, COUNTY OR CITY LAW ENFORCEMENT	ASSOCIATE	\$ 50.00 each
	SINGLE ASSOCIATION OR BUSINESS MEMBER	ASSOCIATE	\$150.00 each
	ASSOCIATION OR COMPANY (UP TO 3 MEMBERS)	ASSOCIATE	\$400.00

IF PAYING BY CHECK PLEASE MAKE IT PAYABLE TO:

Construction Licensing Officials Association of Florida, Inc:
 AND MAIL TO:
 William F. Brod Jr
 255 Evernia Street #1202
 West Palm Beach, Fl. 33401

IF YOU WISH TO PAY WITH A CHECK COMPLETE YOUR PERSONAL INFORMATION BELOW AND MAIL THE FORM ALONG WITH THE CHECK TO THE ADDRESS ABOVE. IF YOU WISH TO PAY WITH A CREDIT CARD, COMPLETE THE PERSONAL INFORMATION AND CREDIT CARD INFORMATION BELOW AND FAX IT TO: (561) 837-4873 MON-FRI, BETWEEN 8:00 A.M. AND 5:00 P.M. OR EMAIL IT TO CLOAFWB@AOL.COM (WHEN THE CREDIT CARD TRANSACTION IS COMPLETE, THE OWNER OF THE CARD WILL RECEIVE AN AUTOMATED EMAIL CONFORMATION RECEIPT)

Member Name: _____ Title: _____

Jurisdiction / Association / Company: _____ Birthday (Month & Day) _____ / _____

Address: _____ City, Zip, State: _____

Phone: (____) _____ Fax :(____) _____ Cell :(____) _____

E-Mail: _____ Web site: _____

Card Number: _____ Card Holder Name: _____

Expiration Date _____ / _____ AVS: _____ Card Holder Phone: (____) _____ Card Holder email: _____

Questions about your invoice or payment? Call William "Bill". Brod, Ex. Dir. at (850) 567-7790 or by email: cloafwb@aol.com CLOAF appreciates your support (Rev12-10-18)