

**Construction Licensing Officials Association of Florida, Inc.**

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



**Membership/Dues Invoice 2017**

CLOAF WEBSITE: [www.cloaf.org](http://www.cloaf.org)

<b>THIS INVOICE IS FOR PAYMENT OF THE 2017 CLOAF MEMBERSHIP DUES</b>
<b>2017 Membership / Renewal Dues</b>

<b>DUES TYPE</b>	Renewal _____ New Member _____
<b>MEMBERSHIP PERIOD</b>	<b>01/01/17 - 12/31/17</b>
<b>EMPLOYER ID NO.</b>	<b>57-1184202</b>

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

**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](mailto:cloafwb@aol.com) CLOAF appreciates your support (Rev10-25-16)