



Code Enforcement Professionals of Idaho

# Code Enforcement Professionals of Idaho

## 2020 Membership Application

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: ID \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Years: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Current employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: ID \_\_\_\_\_ Zip: \_\_\_\_\_

### SIGNATURE

I authorize the verification of the information provided on this form as to my employment. I understand I may keep a copy of this application for my own records.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Your Department's Accounting Use:**  
Vendor's Name: CEPI-Code Enforcement Professionals of Idaho  
 Tax ID# 26 4541759

**Amount Due: \$30.00** THIS AMOUNT IS ONLY FOR ANNUAL MEMBERSHIP DUES FOR CEPI AND AACE, DOES NOT INCLUDE CONFERENCE.  
 Please mail this application with amount due, before January 15th to:  
**CEPI Membership**  
**ATTN: Heather Roehr**  
**PO Box 725**  
**Emmett, ID 83617**