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| Each member will receive monthly meeting notices and minutes, and discounts on Chapter sponsored seminars. Make checks payable to "ICC-OEC". **Please** **complete an application (separate entries on page 2 for each additional member in the same agency) and return all with payment to the following address:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **92 Corporate Park, Suite #C85**  **Irvine, CA, 92606-5103** | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | |  | | | | | | Last Name: | | | | |  | | | | | | | | |
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| **INDIVIDUAL MEMBERSHIP:** | | | | | | | | | | | | | | | **DUES** | | | | | | | | | |
|  | **Class A** | | | | | Designated voting representative for a jurisdiction | | | | | | | | | | | | | | | **$** | | **50** | |
|  | **Class B** | | | | | Jurisdiction employee other than designated representative, industry professional, consultant, and others | | | | | | | | | | | | | | | **$** | | **50** | |
|  | **Honorary** | | | | | As approved by the membership | | | | | | | | | | | | | | | **$** | | **0** | |
|  | **Student** | | | | | Full time student | | | | | | | | | | | | | | | **$** | | **0** | |
| **MULTIPLE MEMBERSHIPS:** *All transferable within the same agency* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Class A or B** | | | | | Up to 9 Class A or B within the same jurisdiction/company | | | | | | | | | | | | | | | **$** | | | **350** |
|  | **Class A or B** | | | | | 10 or more within the same jurisdiction/company | | | | | | | | | | | | | | | **$** | | | **450** |
|  | **Premier** | | | | | Includes one year advertising on the Chapter’s website and 10 or more Class A or B memberships within the same jurisdiction/company | | | | | | | | | | | | | **$** | | | | | **800** |
| **OPTIONAL:** | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | **Discounted Prepaid Lunch** | | | | | Discount for (9) regular lunch meetings prepaid  *(excludes the December Holiday Luncheon and Board Installation event)* | | | | | | | | | | | | | | | | **$** | | **200** |
|  |  | | | | | ***Member lunch cost is $25 per meal*** | | | | | | | | | | | | | | |  | | |  |
|  | **Contribution** | | | | | Fund for Chapter Scholarship | | | | | | | | | | | | | | | **$** | | |  |
|  | **Contribution** | | | | | Fund for CALBO Foundation | | | | | | | | | | | | | | | **$** | | |  |
| ***OEC Federal Tax ID No:* *33-04 37036*** | | | | | | | | | | **TOTAL** | | | | | | | | **$** | |  | | | | |
| **Signature** | | | | |  | | | | | | | | | **Date** | | |  | | | | | | | |
| ***Additional Members in the same Jurisdiction /Company (make copies as necessary)*** | | | | | | | | | | | | | | | | | | | | | | | | |
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