



ICC® Professional Chapter of Pennsylvania

Correspondence % Henry A. Hegerle, P.E., 125 Ruth St., Suite 327

Pittsburgh PA 15211-2379

412-381-4989, e-mail: hegerle@alumni.carnegiemellon.edu

www.icc-pcpa.org



Membership Application

Name: _____ Title: _____

Address: _____

City: _____ State _____ Zip + 4 _____ -

Company or Municipality: _____

Phone: ()- _____ Fax: ()- _____

Email: _____

All notices and communications will be by email unless otherwise requested.

I prefer to receive notification by US mail only.

I have inclosed my Annual Dues of \$ 50.00 Payable to **ICC Pro Chapter of PA.**
Membership is renewable by October 31, each year.

What type of programs, workshops, or education activities and on what subjects would you like the ICC Professional Chapter of PA to offer?

1. _____

2. _____

3. _____

4. Updates to the Codes.

5. Changes from the 2009 Codes to the 2012 Codes (Where applicable in PA).

What day of the week is best for you? M, Tu, W, Th, F, S

What time of the day is best for you? AM, PM, Evenings, Full Day

Are you willing to be an officer

be member of a committee,

work to establish programs for the Chapter?

Make copies of this form if needed,

Send the Membership Application and payment to:

ICC-PCPA

% Henry A. Hegerle, P.E.

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