



ICC® Professional Chapter of Pennsylvania

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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 PCPA**.

The dues paid at this time cover one 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 2009 Codes.

5. Changes from the 2006 Codes to the 2009 Codes.

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.

211 Charles Street

Pittsburgh, PA 15210-1603