

Construction Licensing Officials Association of Florida, Inc.

Membership/Dues 2025

*E.J. Hobbs, President
421 Jasmine Road
St. Augustine, FL 32084*



CLOAF WEBSITE: www.cloaf.org

THIS INVOICE IS FOR PAYMENT OF THE 2023 CLOAF MEMBERSHIP DUES
2025 Membership / Renewal Dues

DUES TYPE | Renewal _____
 | New Member _____
MEMBERSHIP PERIOD | **01/01 - 12/31/25**
EMPLOYER ID NO. | **57-1184202**

DATE	SERVICE DESCRIPTION	TYPE	DUES
	FIRST TWO SAME GOVERNMENT MEMBERS	ACTIVE	\$200.00 each
AFTER 2 PD MEM.>>>	ADDITIONAL MEMBERS FROM - SAME GOVERNMENT STATE, COUNTY OR CITY-LAW ENFORCEMENT SINGLE ASSOCIATION OR BUSINESS MEMBER ASSOCIATION OR COMPANY (UP TO 3 MEMBERS)	ACTIVE ASSOCIATE ASSOCIATE ASSOCIATE	\$100.00 each \$100.00 each \$200.00 each \$400.00

IF PAYING BY CHECK PLEASE MAKE IT PAYABLE TO:

Construction Licensing Officials Association of Florida, Inc:
AND MAIL TO: (NOTE ADDRESS CHANGE!)

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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 VIA EMAIL TO **NEW** **EMAIL AND CONTACT INFO FOR CLOAF: cloafpresident@outlook.com** (OR) call 904-827-6811 and inform E.J. of the CC INFORMATION. **WHEN THE CREDIT CARD TRANSACTION IS COMPLETE, THE OWNER OF THE CARD WILL RECEIVE AN AUTOMATED COPY OF THE RECEIPT. PLEASE PROVIDE EMAIL OF CREDIT CARD HOLDER FOR RECEIPT PURPOSES!!**

Member Name: _____ Title: _____
 E-Mail: _____ Web site: _____
 Jurisdiction / Association / Company: _____ Address: _____
 City, Zip, State: _____
 Office Phone: (____) _____ Cell : (____) _____ Birthday (Month & Day) ____/____/____
 Card Number: _____ Card Holder Name: _____
 Expiration Date ____/____/____ AVS: _____ Card Holder Phone: (____) _____ Card Holder email: _____