



CODE ENFORCEMENT ASSOCIATION OF TEXAS

Membership Application

Please print legibly or type.

Date: _____

Name: _____

Mailing Address: _____

Employer/Agency: _____

Department/Division: _____

Title: _____

Phone: _____

Email: _____

DSHS CE#: _____

DSHS Expiration (MM/YY): _____

County (Working In): _____

Referred By: _____



Mission

“To study and advance the science and practice of code enforcement through certification to further the interests of the profession to promote fellowship and understanding among its members.”

Membership term is from October 1st through September 30th of each calendar year.

Please Select One

\$40.00

_____ Active, New Membership

_____ Active, Renewal

\$40.00

_____ Associate, New Membership

_____ Associate, Renewal

\$100.00

_____ Member Agency*

Free

_____ Lifetime Membership

*Please note that Membership Agency does not include individual memberships.

Cities that choose to become member agencies will receive a 5 % discount for each conference attendee not to exceed 5 members.

Make Check/ Money Orders Payable to

Treasurer

C.E.A.T.

P.O. Box 41115

Beaumont, TX 77725

For Credit Card Payment contact

Lois Balka

Cell: (409)782-0655

Email:

CEAT1985@gmail.com