

Construction Licensing Officials Association of Florida, Inc.

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



# Membership/Dues 2025

CLOAF WEBSITE: [www.cloaf.org](http://www.cloaf.org)

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

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


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

**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](mailto: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 RECIEPT PURPOSES!!**

Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Jurisdiction / Association / Company: \_\_\_\_\_ Birthday (Month & Day) \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip, State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax :(\_\_\_\_) \_\_\_\_\_ Cell :(\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web site: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ AVS: \_\_\_\_\_ Card Holder Phone: (\_\_\_\_) \_\_\_\_\_ Card Holder email: \_\_\_\_\_