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# Organization Member Application 2021

## Kansas Association of Code Enforcement



CHAPTER



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### KACE Memberships are Organization based

Governmental Organizations (cities & counties) are the primary members and **must** have at least one designated individual member enrolled on the following page of the application (see instructions on page 4). Affiliate Agencies and Affiliate Companies **must** be member organizations to exhibit at the semi-annual training conferences, however, individuals from Affiliate Agencies and Affiliate Companies may join as individuals without the organization being a member by submitting only the Individual Membership Information Form pg. 3 (see instructions on pg. 4).

**\*Each individual member must complete and attach an Individual Membership Information Form (p.3) for each name listed on pg. 2, the Individual Member List, when submitting the application.**

Application Date: \_\_\_\_\_ (please circle one): **New** **Renewal** **ContactList**

Organization Name: \_\_\_\_\_ Primary Dep.: \_\_\_\_\_

Organization Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Administrative or Billing Contact Name: \_\_\_\_\_

Title \_\_\_\_\_ E-mail: \_\_\_\_\_

Authorizing Person - Name: \_\_\_\_\_

Title \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please Enter Your Organization and Individual Membership Dues and Fees for 2021:**

1. Governmental Organization: \$20, \_\_\_ Affiliate Agency: \$20, \_\_\_ Pvt. Comp.: \$ 100, \_\_\_ \$ \_\_\_\_\_

2. Total of Individual Membership Dues (from attached pages), or \$40 for a non gov. affiliate: \$ \_\_\_\_\_

3. For Late Renewal Application submitted after Feb.28, 2021 add \$10: \$ \_\_\_\_\_

4. For Late Renewal Payment after March 15, 2021 add \$15: \$ \_\_\_\_\_

5. For Reinstatement if **Renewal Application submitted after March 15, 2021 add \$30:** \$ \_\_\_\_\_

6. Total Due: \$ \_\_\_\_\_

Memberships not renewed by March 15, 2021 may be terminated and the individual certification credit record will be cleared of training credits earned. A new application and additional reinstatement fees may be required to restore certification credit.

(Add your membership fees and if a renewal, any late or reinstatement fee: enter total in 'Total' Due' on line 6 above)

Signature: \_\_\_\_\_

Approval by Authorizing Person above

Date

**Payment:** Credit Card - E-mail a request for a PayPal invoice to pay by Credit Card. Invoice will include a 3% convenience fee.  
Bank ACH - E-mail a request for KACE account number and routing number.  
Check - make checks payable to "KACE" and mail to address below.

**\* NOTE:** Please be sure your accounting department has the correct "payment address" below to ensure we receive your membership dues.

Please e-mail Application to: [info@kace-ks.org](mailto:info@kace-ks.org) or fax to 913-422-5947 or mail to address below.

KACE, c/o Barb Bille, President, City of Bonner Springs, 12401 Kaw Dr., Bonner Springs, KS 66012



**Individual Member List (with dues)**

(Enter fee in appropriate column)

**Please print each employee name below and attach a Member Information Form for each member**

Certified \$30    Profess. \$40    Affiliate \$20

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

**Total each column for all Individuals above and transfer the total of all three columns to page 1, line 2**



# Individual Membership Information Form 2021

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Information Date: \_\_\_\_\_ (Please check one) Member Status (New / Renewal): \_\_\_\_\_

- Complete and attach this form to your organization's 2021 Membership Application
- If you only want to be on our contact list, leave dues section blank, check here  and e-mail this form to [info@kace-ks.org](mailto:info@kace-ks.org) or fax it to 816-618-3253

Application Type: **Individual** Jurisdiction: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Off. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer or Organization: \_\_\_\_\_ Dept.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor or Manager's Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Enter the appropriate dues amount for 2021 beside your Membership category and provide the completed form to your Authorized Contact Person to be submitted with the organizations's application :**

### Individual Membership Dues

KACE Certified Member: @ \$30 = \_\_\_\_\_

Professional Member: @ \$40 = \_\_\_\_\_

Affiliate Member: @ \$20 = \_\_\_\_\_

Honorary Member: No Charge

Retired Member: @ \$20 = \_\_\_\_\_

**Every member is automatically assigned to a committee and participates as they are able. Check your committee preference but please understand your assignment may change to balance committee size.**

Steering Committee: \_\_\_ Finance & Budget: \_\_\_ Membership: \_\_\_ Communication: \_\_\_

Certification: \_\_\_ Legislative & Judicial Review: \_\_\_ Special Projects: \_\_\_

Signature: \_\_\_\_\_  
Applicant Supervisor

- Please Check One:  I would like to have my contact information published on the website directory  
 I would like my contact information only available to members privately  
 Please do not make my contact information available

For more information e-mail: [info@kace-ks.org](mailto:info@kace-ks.org)



## 2021 KACE Membership Application Instructions

(Do **NOT** attach this page to application)

### **A. Governmental Organizations with individual members:**

1. Organizations applying for membership fill out the top half of page 1, including the authorized contact's name approving the organization's membership. Determine the organization's membership category and enter the appropriate membership dues on line 1 in the center of the form.
2. List on page 2, individual memberships sponsored by the organization and the membership fee for each individual (right side of page 2). **First time members will be either Professional or Affiliate Members. Only Professional Members certified by KACE can renew as a Certified member.** Membership categories can be reviewed by downloading the By-Laws at <http://kace-ks.org/index.php>
3. At the bottom of the Member List (page 2) enter the total fees due in each column and transfer the total of the three columns to line 2. in the center of the page 1.
4. **For renewal membership applications only**, enter any late application fees, late payment fees and reinstatement fees that are due, as appropriate, on lines 3, 4 and 5.
5. Add together the organization dues, the individual dues total and any late/reinstatement fees and enter the total on the Line 6, "Total Due". This is the amount that needs to be sent to KACE at the address shown at the bottom of page 1.
6. **An authorized contact/representative for the organization must sign and date the application at the bottom of page 1.** Your signature indicates you are requesting a governmental membership as a member of KACE and you have the authority to apply for both the organization and the individual memberships requested.
7. **The contact/authorizing representative should attach a Member Information Form, page 3, for each individual member and submit the application.** Use extra pages if necessary.

### **B. Agency or private company joining, with sponsored individual member(s):**

1. Follow the instructions in "A" above and be sure to attach a **Member Information Form** (page 3), for **each individual member** and submit the application. Use extra pages if necessary.

### **C. Individuals joining, not sponsored by a governmental organization agency or private company:**

1. Enter the date and circle whether you are a new member or a renewing member.
2. Complete the dues and fees section, entering your individual dues.
3. **Do not enter an amount for an organization membership.**
4. For a "renewing" individual member, enter any late application fee, late payment fee or reinstatement fee that is due on the lines 3, 4 and 5 and enter the total amount due on line 6.
5. You must sign and date where an authorized contact's signature is indicated at the bottom of the payment box on the front page. Your signature here indicates you are requesting approval as a member of KACE.
6. **Attach a completed Member Information Form, page 3, and submit the application.**

If you have questions about completing the form, please e-mail your questions to,

[info@kace-ks.org](mailto:info@kace-ks.org)