

**NEW JERSEY STATE PLUMBING INSPECTORS  
ASSOCIATION, INC.**

**PRESIDENT:**

**RON BARBARULO**  
10-27 THIRD AVENUE  
FAIRLAWN, NJ 07410  
PHONE: 201-747-5860  
Email: [Rbarbarulo@verizon.net](mailto:Rbarbarulo@verizon.net)



**SECRETARY:**

**Michael G Baker**  
68 Grant AVE.  
Totowa, NJ 07512  
PHONE: 973-694-1800 ext 3287  
Email: [Mike@njpia.org](mailto:Mike@njpia.org)

Dear Applicant:

We are very pleased that you are interested in joining our organization. The Plumbing Inspectors Association was established in 1939 to keep its members abreast of the technological advances and code changes within our industry.

The requirements for an active member are spelled out in Article # XV of our Constitution and By Laws as accepted by the general membership on March 20, 1996.

It reads as follows:

An active member shall be an inspector who holds a proper Plumbing Inspector's License issued by the New Jersey Department of Community Affairs. He or she shall be entitled to all the privileges of membership.

Please complete the enclosed form giving all the information required by printing or typing so as to be legible to your secretary. Enclose a copy of your license, issued by the Department of Community Affairs, either a wall certificate or wallet card, and a check or money order payable to the NEW JERSEY PLUMBING INSPECTORS ASSOCIATION INC. and mail the above to Michael G Baker 68 Grant Ave Totowa, NJ 07512.

Please send your application and check in the amount of \$75.00. Upon acceptance, you will be notified of the membership's response to your application. This will entitle you to a full year membership into the NJ Plumbing Inspectors Association as well as a complimentary lunch when attending your first meeting.

Respectfully,

*Michael G Baker*

Michael G Baker  
Secretary

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**PLEASE PRINT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DCA INSPECTORS LICENSE #: \_\_\_\_\_ PART TIME: \_\_\_\_\_ FULL TIME: \_\_\_\_\_

MUNICIPALITY of EMPLOYMENT: \_\_\_\_\_

MUNICIPALITY ADDRESS: \_\_\_\_\_

FOLLOWING LICENSES HELD (Please Check if You Hold any of The Below Mentioned Licenses)

Plumbing HHS: \_\_\_\_\_ Plumbing ICS: \_\_\_\_\_ Plumbing Sub Code: \_\_\_\_\_ Construction Official: \_\_\_\_\_

Other Licenses Held: \_\_\_\_\_

Recommended By: \_\_\_\_\_

REFERENCES:

(1) \_\_\_\_\_

(2) \_\_\_\_\_