



# Fire Chiefs' Association of Broward County, Inc.

## MEMBERSHIP APPLICATION

Applicant's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

## DEPARTMENT INFORMATION

Executive Officer's Name: \_\_\_\_\_

Number of Stations: \_\_\_\_\_ Number of Personnel: \_\_\_\_\_ Population of Area Served: \_\_\_\_\_

Department Type:

Fire Rescue ALS     Fire Rescue First Response     Fire     EMS     Combination

Other (specify) \_\_\_\_\_

Your specializations (check those that apply):

FIRE     EMS     HAZMAT     DIVE RESCUE     TRAINING

COMMUNICATIONS     INDUSTRIAL     TECHNICAL

Membership Type:     Primary (\$180.00)     Secondary (\$50.00)     Associate (\$25.00)

Dues paid:     Cash     Money Order     Check: (Number) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_