

Fire Chiefs' Association of Broward County, Inc.

MEMBERSHIP APPLICATION

Applicant's Name: _____

Title: _____ Department: _____

Department Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____ Fax: _____

E-Mail Address: _____

Dept. Website: _____

DEPARTMENT INFORMATION

Executive Officer's Name: _____

Number of Stations: _____ Number of Personnel: _____ Population of Area Served: _____

Department Type: Fire Rescue ALS _____ Fire - First Responder _____ Fire _____

 EMS _____ _____ _____

Please specify other here: _____

Your specializations (check those that apply):

FIRE _____ EMS _____ HAZMAT _____ DIVE RESCUE _____ TRAINING _____

COMMUNICATIONS _____ INDUSTRIAL _____ TECHNICAL _____

Membership Type:	Primary _____ (\$180.00)	Secondary _____ (\$75.00)	Associate _____ (\$50.00)
Dues paid:	Check: _____	Check Number: _____	Credit Card # _____
			Exp. Date: _____ Security Code: _____
Signature of Applicant:	_____		Date: _____

Application Reviewed by: _____ Title: _____ Date: _____