

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 _____ (\$50.00) | Associate _____ (\$25.00) |
| Dues paid: | Check: _____ | Check Number: _____ | Credit Card # _____ |
| | | | Exp. Date: _____ Security Code: _____ |
| Signature of Applicant: _____ | | Date: _____ | |

Application Reviewed by: _____ Title: _____ Date: _____