

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: _____ Cell Phone: _____

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 _____

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 _____ Associate _____ (\$50.00) (\$25.00)

Dues paid: Check: _____ Check Number: _____ Credit Card # _____

Exp. Date: _____ Security Code: _____

Signature of Applicant: _____ Date: _____

Application Reviewed by: _____ Title: _____ Date: _____