



• APPLICATION FOR MEMBERSHIP •

I, _____, hereby make an application for
(check membership type below):

Active Membership as a ___ Chief ___ Deputy Chief ___ Asst Chief ___ Battalion Chief
___ District Chief Other _____

Associate Membership (state type of business) _____
in the Connecticut Fire Chiefs Association and if admitted, I agree to abide by their by-laws.

Department you are associated with: _____

Billing / Department Address: _____

Email Address: _____

Department Phone: _____ Department Fax: _____

Signature: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Polo Shirt size: ___ Small ___ Medium ___ Large ___ X-Large ___ XX-Large ___ XXX Large
.....

Recommended By: _____

Approved By: _____

Board of Directors: _____

Date of 1st Reading: _____

Date of 2nd Reading and Vote: _____

MAIL TO:

**Connecticut Fire Chiefs
36 Cedar Drive
Southington, CT 06489**

***** Membership fee: \$70.00 includes:
one year's dues and a CFCA shirt**

THIS APPLICATION WILL ALSO SERVE AS YOUR INVOICE