



• 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 rank, association or 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: _____

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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: \$60.00
<u>THIS APPLICATION WILL ALSO SERVE AS YOUR INVOICE</u>	

**For info on ordering a CFCA Polo Shirt,
see the Membership section of the web site**