

# TREASURE COAST



## FIRE CHIEFS ASSOCIATION

### MEMBERSHIP APPLICATION

Martin, Okeechobee, St. Lucie, and Indian River Counties

Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Business Name: \_\_\_\_\_

Department/Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **MEMBERSHIP TYPE APPLIED FOR:**

\_\_\_\_\_ **ACTIVE** – a fire chief, public safety director, fire marshal or chief officer with bureau, division or battalion command of a fire/ems agency Director of I.R.S.C.

\_\_\_\_\_ **AFFILIATE** – an individual who is ranking fire/ems or Division of Forestry officer or supervisor.

\_\_\_\_\_ **ASSOCIATE** – an individual or entity providing service or product to the profession.

\_\_\_\_\_ **ANNUAL DUES- \$25.00**

**(Membership Year is Jan.1 – Dec. 30. All memberships' are subject to Executive Board approval)**

Those applying for active membership, please complete the following check all that apply:

\_\_\_ Federal \_\_\_ State \_\_\_ County \_\_\_ Municipal \_\_\_ Special District \_\_\_ Other (specify)

Recommended by: \_\_\_\_\_ Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_