



Montana State Fire Chiefs' Association

MEMBERSHIP APPLICATION

Membership effective January 1 – December 31, 2011

Please submit application and payment to:

Montana State Fire Chiefs' Association
727 Center Street NE, Ste 300
Salem, OR 97301

Name: _____

Title: _____

Agency: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Web: _____

Types of Membership:

- ACTIVE – Annual Dues: \$50**
Fire officers of regularly organized public or private fire departments, state and local fire marshals and training agencies, officers of nationally-recognized fire prevention, control, and suppression organizations, EMS or rescue organizations. Eligible to vote/hold office.
- ASSOCIATE – Annual Dues: \$25**
Governmental officials not otherwise eligible for membership, members of fire departments other than officers, and individuals representing firms and corporations.
- ACTIVE RETIRED – Annual Dues: \$15**
Active Members who have retired from the Fire Service.

Section:

- Career
- Combination (Career/Volunteer)
- Volunteer
- Not Applicable

Please check all divisions/committees of interest:

- Firefighter's Memorial Committee
- Montana Fire Alliance
- Western Fire Chiefs Association

Disaster and Emergency Management Division

- Hazardous Materials Sub-Committee
- Montana Mutual Aid
- Senior Advisory Committee
- State E-911 Advisory Committee
- State Emergency Response Committee
- State Interoperability Executive Committee

EMS Division

- Emergency Care Committee

Fire and EMS Officers' Division

- Montana State Firemen's Association
- Montana Volunteer Firefighters Association

Life Safety / Fire Marshals Division

- Fire Marshals Forum of Montana

Training Division

- Fire School Advisory Council

Wildland Fire Division

- Wildland Fire Committee
- Northern Rockies Coordination Group



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Reproduce for additional members. Business cards can be attached.

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| Member Name: | Rank: |
| Email Address: | Phone: |

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| Member Name: | Rank: |
| Email Address: | Phone: |

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Number of Active Members _____ @\$50.00 Total \$ _____

Number of Associate Members _____ @\$25.00 Total \$ _____

Number of Active Retired Members _____ @\$15.00 Total \$ _____

Please Select: Grand Total \$ _____

- Bill Agency
- Bill Individual Member(s)
- Check addressed to MSFCA enclosed
- Pay by credit card – call (888)340-4141