



Montana State Fire Chiefs' Association

MEMBERSHIP APPLICATION

Membership effective January 1 – December 31, 2010

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: _____

Email: _____

Web: _____

Type of Membership:

- PRIMARY ACTIVE MEMBERSHIP
Annual Dues: \$50
Open to any primary Chief Officer of a Fire Agency within the State of Montana.
- SECONDARY ACTIVE MEMBERSHIP
Annual Dues: \$25
Open to Fire Service Personnel who do not meet Primary Active Membership requirements, i.e., other Chief Officers, including Battalion Chiefs, Assistant Chiefs (see back of application).
- ACTIVE RETIRED MEMBERSHIP
Annual Dues: \$15
Active Members who have retired from the Fire Service.

Section:

- Career Chiefs
- Combination Chiefs
- Volunteer Chiefs
- Other Fire Agency

Please check all divisions/committees of interest:

- Firefighter's Memorial Committee
- Montana Fire Alliance
- 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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Please fill-out for Secondary Active Members; reproduce for additional members. Business cards can be attached.

Member Name:	Rank:
Email Address:	Phone:

Member Name:	Rank:
Email Address:	Phone:

Member Name:	Rank:
Email Address:	Phone:

Member Name:	Rank:
Email Address:	Phone:

Member Name:	Rank:
Email Address:	Phone:

Member Name:	Rank:
Email Address:	Phone:

Member Name:	Rank:
Email Address:	Phone:

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

Number of Secondary Active Members _____ @\$25.00 Total \$ _____

Number of Active Retired Members _____ @\$25.00 Total \$ _____

Please Select:

- Bill Agency
- Bill Individual Member(s)
- Check Included with Application

Grand Total \$ _____