



• APPLICATION FOR MEMBERSHIP •

Date: _____

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: _____
.....

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**

THIS APPLICATION WILL ALSO SERVE AS YOUR INVOICE

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