

Fire Department Safety Officers Association

Membership Application

Name: _____

Title: _____

Department/Agency: _____

Address: _____

City: _____ ST: _____ ZIP: _____ - _____

Country: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Email: _____@_____

MEMBERSHIP TYPE:

___ Active (\$85.00 per year)

___ Organizational (\$385.00 per year)

___ Sustaining (\$500.00 per year)

International (except Canada) please add \$30.00.

STATUS:

___ Career

___ Volunteer

___ Combination

PAYMENT

Payment must accompany form.

____ Purchase Order (PO Number _____)

____ Check Enclosed (Must be in US funds drawn on a US bank)

____ Mastercard / Visa

Card Number: _____

Expiration Date: ____ / ____

Signature: _____

Mail to:
FDSOA
P.O. Box 149
Ashland
MA 01721-0149