

MEMBERSHIP APPLICATION



FIRE DEPARTMENT SAFETY OFFICERS ASSOCIATION
33365 Raphael Road
Farmington Hills, MI 48336
Voice: (248)880-1864 • Fax: (248)479-0491
Email: Membership@fdsoa.org

CONTACT INFORMATION:

Full Name: _____ Title: _____

Organization/Company: _____

Street Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

****Email: _____**

****All renewal & membership correspondence will be sent via email**

MEMBERSHIP TYPE: (please choose one)

___ Individual - \$99/year

___ Departmental - \$399/year

- Five (5) members from your Fire Department organization will be added to our membership list.
- Ten (10) certification exams (ISO & HSO) per year provided at the \$95pp rate.

___ Corporate/Vendor - \$599/year

- Two (2) representatives from your Company will be added to our membership list.
- Your company's name & website link will be listed on the Corporate Sponsors Page of the FDSOA website.

PAYMENT INFORMATION:

___ Check Enclosed - please make payable to FDSOA in US Funds

___ Purchase Order - Copy of PO must be provided to process membership(s)

___ Credit Card Select type of card ___ MasterCard ___ Visa ___ Discover ___ Amex

Card Number: _____ Exp _____ CVV _____ Zip _____

Name as it appears on card: _____

Signature: _____

Thank you for your support of this organization. You will receive an email confirmation as soon as we receive your application.