



**Sponsor's Name (required):** \_\_\_\_\_

(Sponsor must be an Active member of the MFCA. All applicants must be approved for membership by the MFCA Executive Board. Upon approval, a new member packet and Resource Directory will be mailed to the address provided on this application.) If you have any questions regarding sponsors, contact Joan Kiszely at 1-800-452-8786 ext. 2297.

**I would be interested in serving on a Committee:** (Please check committees of interest)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>By-Law</b>                | <input type="checkbox"/> <b>Legislative</b>                          |
| <input type="checkbox"/> <b>Certification</b>         | <input type="checkbox"/> <b>Maine Fire Service Institute Advisor</b> |
| <input type="checkbox"/> <b>EMS</b>                   | <input type="checkbox"/> <b>Professional Development</b>             |
| <input type="checkbox"/> <b>Fire Marshal</b>          | <input type="checkbox"/> <b>Resource Directory</b>                   |
| <input type="checkbox"/> <b>Forestry</b>              | <input type="checkbox"/> <b>Website</b>                              |
| <input type="checkbox"/> <b>Health &amp; Wellness</b> |  |
| <input type="checkbox"/> <b>LAST</b>                  |  |

**PLEASE DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY**

Board of Directors Approval on this date of \_\_\_\_\_ for

LIFE / ASSOCIATE / ACTIVE MEMBERSHIP INTO THE MAINE FIRE CHIEFS' ASSOCIATION

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date:                      Ck:                      Amt:                      CP:                      CD:                      BB: 1/2017