



# 2018 Application for New Members

Please completely fill out this form below

Full Name: \_\_\_\_\_

Employer/Municipality: \_\_\_\_\_

Title: \_\_\_\_\_

Employer/Municipality Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Office): \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I would like to receive MFCA-related notices via e-mail:  Yes  No

I want my MFCA-related correspondence to be mailed to my:  Home address  Employer/Municipality Address  
I want my membership invoice to be mailed to my:  Home address  Employer/Municipality Address

| <b>CHECK DESIRED MEMBERSHIP:</b>                            |  |
|---|--|
| <input type="checkbox"/> <b>ACTIVE:</b><br>Dues: \$92.00    | Active members shall be any duly sworn chief of a fire department, either public or private, or who regardless of their official title, are the chief fire official in any city, town, hamlet, or village within the State of Maine and appointed by that jurisdiction as the chief fire official, and the chief officers of said department, Fire Chief, Deputy Fire Chief, Battalion Chief, Division Chief, District Chief, Assistant Chief, or Fire Administrator.  |
| <input type="checkbox"/> <b>ASSOCIATE:</b><br>Dues: \$92.00 | Associate Membership shall include, but not be limited to: the Maine Fire Marshal and Assistant, Maine Director of Forest Fire Control and District Rangers, the Maine Fire Service Institute Administrator, and Fire-related Business Professional etc., excluding all other fire department personnel not covered under Section One regardless of rank or position.  |
| <input type="checkbox"/> <b>LIFE:</b><br>Dues: None         | Life Members shall include Active Members who have completed five (5) continuous years as an Active Member and who honorably retires or resigns from active duty, and will retain voting rights as an Active Member but will not hold any position on the Board of Directors, Executive Board, or Chair any Committees of the Association. Life Associate Members shall include Associate Members who have completed five (5) continuous years as an associate member and who honorably retire or honorably resign from active duty in the fire related activity. Members must apply for this membership using a member application and be approved by the MFCA Executive Board. |

RETURN THIS COMPLETED FORM WITH MEMBERSHIP DUES PAYMENT TO: MFCA, 60 COMMUNITY DRIVE, AUGUSTA, ME 04330-9486

**Please make a copy of this form for your records and send original with payment.**

Maine Fire Chiefs Association

Membership Dues runs January 1, 2018 to December 31, 2018

Questions: Call 1-800-452-8786 or (207) 623-8428

Amount Due:           \$92.00          

Amount Paid: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Check #: \_\_\_\_\_

Member Type: \_\_\_\_\_

Please note that Active membership follows the individual. Therefore, if employment changes to another municipality or employer, the individual will continue to be a member at their new location. Memberships cannot be transferred.

**(OVER)**

**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: 1/2018