

**COLORADO STATE FIRE CHIEFS' ASSOCIATION  
APPLICATION FOR ASSOCIATE MEMBERSHIP  
2008**

**Part 1: GENERAL INFORMATION:**

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

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

Organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Homepage URL: \_\_\_\_\_

**Part 2: DUES**

Membership dues for associate members is \$70 per year.

Method of Payment:  Check  Credit Card

**FOR CREDIT CARD PAYMENTS**

Amount to be Billed to Card:	\$ _____
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Name on Card:	_____
Credit Card Number:	_____
Expiration Date:	_____
Zip Code of Billing Address:	_____
Card ID (CVV) Number:	(from back of card)

Signature _____	Date: _____
-----------------	-------------

Please mail completed application with check or credit card authorization to (credit card payments may be faxed):

Colorado State Fire Chiefs' Association ■ P.O. Box 3945 ■ Englewood, Colorado 80155  
Phone: (720) 874-8116 ■ Fax: (720) 862-2181