

**COLORADO STATE FIRE CHIEFS' ASSOCIATION
APPLICATION FOR INDIVIDUAL MEMBERSHIP
2010**

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 individual members is \$100 per year. If more than one employee of your organization is to be considered a member, either complete a separate application for each member OR complete and submit an application for regular membership.

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