



Colorado State Fire Chiefs' Association

Post Office Box 3945
Englewood, Colorado 80155
Phone: (720) 874-8116
Fax: (720) 862-2181

www.colofirechiefs.org

General Membership Meeting RSVP March 5, 2010

Department/Organization: _____

Names of Individuals that will be attending from your agency/organization:

Name: _____

Name: _____

Name: _____

Name: _____

Quarterly Dues Payment

Quarterly meeting dues are \$25.00 per person, which includes lunch.

- I will pay at the door
 Check enclosed
 Please charge my credit card for the quarterly meeting dues

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:	_____	Card ID Number:	_____
Zip Code of Billing Address:	_____		

Please return this RSVP by mail or fax by **Wednesday, March 3, 2010**. Receipts for credit card payments will be provided at the meeting.

"Serving the Chief Fire Officers of Colorado Since 1968"