

**NORTH CAROLINA SOCIETY OF FIRE/RESCUE INSTRUCTORS**

3720 Old Flat Rock Road ~ Kernersville, North Carolina 27284

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Email [info@ncsfri.org](mailto:info@ncsfri.org)

Web Site [www.ncsfri.org](http://www.ncsfri.org)

**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_ Today's Date: ( \_\_/\_\_/\_\_ )  
(First) (Middle) (Last)

Address: \_\_\_\_\_ Date of Birth: ( \_\_/\_\_/\_\_ )

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Pager:(\_\_\_\_) \_\_\_\_\_ Mobile:(\_\_\_\_) \_\_\_\_\_

Fax:(\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

Do you have e-mail?  Yes  No If yes, location?  Home  Work  Both

E-mail Address: \_\_\_\_\_

Fire/Rescue Service Affiliation:  Volunteer  Career  Combination  Private Industry

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

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

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

Telephone: ( \_\_ ) \_\_\_\_\_ Chief Officer: \_\_\_\_\_

Position with Organization: \_\_\_\_\_ Years with Organization: \_\_\_\_\_

Date of Instructor Certification: ( \_\_/\_\_/\_\_ ) IFSAC Number: \_\_\_\_\_

**Type of Membership:** (Please Check One)

- Active Membership (Individual Instructors)  Affiliate Membership (Individual Non-Instructors)  
 Sustaining Member (Firms, Businesses, Societies, etc.)

Fees: Application Fee: \$20.00 Membership Dues: \$20.00 Annually **TOTAL: \$40.00**

Please make checks payable to the North Carolina Society of Fire/Rescue Instructors.

Mail completed application and \$40.00 check to the address above

**I hereby certify that all answers and statements on this application are true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*NOTE\*\*\* It is the responsibility of the member to send any changes of beneficiary to the NCSFRI office. Payments will be made to the most current beneficiary on file in the NCSFRI office.