

NORTH CAROLINA SOCIETY OF FIRE RESCUE INSTRUCTORS

3720 Old Flat Rock Road ~ Kernersville, North Carolina 27284

(336) 309-6900 voice

(336) 595-1520 fax

Email membership@ncsfri.org

Web Site 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.**