



## National Association of State Fire Marshals APPLICATION FOR MEMBERSHIP

New Applicant

Renewal

Reinstatement

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

Street Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ URL \_\_\_\_\_

### *Nature of Organization's Business (Check all that apply)*

Sells Products or Services to the Fire Service

Fire Service Organization

Sells Products or Services Regulated by the Fire services

Trade Association

Government Agency

Not-For-Profit Organization

(Other Specify) \_\_\_\_\_

### *Organization's Representative to NASFM*

Representatives Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

*Send All NASFM Related Mail to:*  Organization Address

Representative's Address

### *Circle appropriate Membership Category and Dues*

1. Principal (\$400)

2. Associate (\$400)

3. Emeritus (\$25)

4. Sustaining (\$10,000)

5. President's Council (\$7,500)

6. Association (\$5,000)

7. Advocate (\$2,000)

*Send this application and a check for dues payable to NASFM to:*

**The National Association of State Fire Marshals  
PO Box 671  
Cheyenne, WY 82003  
Tax ID. No. 43-1532670  
Phone: 307/433-8078 Fax: 307/632-3554**

*For NASFM Use Only*

