



National Association of State Fire Marshals

INDIVIDUAL APPLICATION FOR MEMBERSHIP

Name _____
Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____
Email _____

Please check the membership category to which you are applying (one only; consult NASFM's description of membership categories for a description of eligibility and member benefits for each category)

- Principal Membership (State Fire Marshals or the equivalent): \$400 annual dues**
- Associate Membership (Deputies in State Fire Marshal Offices): \$250 annual dues.**
- Affiliate Membership (Engaged in fire prevention activities but not representing a company or association): \$100 annual dues.** *Anyone interested in the Affiliate Membership must submit the application, for approval by NASFM, prior to submitting the associated fees.*

Please describe what specific benefit(s) you hope to obtain from your membership in NASFM (continue onto another page if you need to):

Note: All membership applications subject to approval of the NASFM Board of Directors.

Mail check payable to NASFM and send application to:

NASFM
P.O. Box 948238
Maitland, FL 32794

FEIN: 43-1532670
Phone: (202) 737-1226 ext 4

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