

COLUMBIA COUNTY

FIRE CHIEFS'



ASSOCIATION

MEMBERSHIP APPLICATION FORM

Date: _____

Name: _____
(Please print)

I hereby make application for active membership in the Columbia County Fire Chief's Association and declare myself ready to abide by all bylaws and regulations of the Association now in force or that hereafter may be adopted during the period of my membership.

Citizen of the United States? YES NO

Age _____ (Optional)

Occupation: _____

Mailing Address: _____

_____ Zip Code _____

Verification of Eligibility for Membership:

We hereby certify that the Applicant holds/has held the Office of _____

in the _____ Fire Co./Dept.

Signatures: _____
(Chief of Applicant's Fire Co./Dept.)

(Secretary of Applicant's Fire Co./Dept.)

(Applicant)

Membership Investigating Committee:
