



Application for Membership

I hereby make application for membership in the Burlington County Fire Marshals Association Inc. in accordance with the constitution and By-Laws and agree to be bound therein. I am transmitting \$15.00 with this application, this is for annual dues. If for some reason I am denied, I understand that the aforementioned fee shall be given back. All information given by me is warranted to be true and correct.

Name: _____ Date: _____

Home Address: _____

City _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Employer: _____

Address: _____

City _____ State: _____ Zip: _____

Qualifications for

Membership: _____

References: (Complete name, Address, Phone #, Occupation and Title)

1. _____

2. _____

3. _____

BCFMA Member Recommendation: (Name of member in good standing)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Signature of Applicant: _____

BCFMA USE ONLY:

The trustees have investigated the applicant and the recommendation is to approve ____ Disapprove ____,
and the forward to the president for final vote at a regular meeting.

Signature of trustees:

1. _____
2. _____
3. _____

Secretary signature: _____