



New Hampshire Association of Fire Chiefs

Membership Application

Date: _____

I, the undersigned, wish to become an **Advocate** member of the New Hampshire Association of Fire Chiefs, Inc., and do hereby present my name for your consideration.

Name in Full: _____

Company Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Extension: _____ Fax Number: (____) _____

Alternate and/or Home Number: (____) _____

Home E-mail: _____ @ _____

Work E-mail: _____ @ _____

Note: This application must be accompanied with a \$**150** initiation fee made payable to **NHAFC**.

Recommended by: _____

Return to: A/C Paul Parisi
NHAFC Secretary
c/o Salem Fire Headquarters
152 Main Street
Salem NH 03079

REPORT OF THE BOARD OF DIRECTORS

The above named applicant is eligible to become an ADVOCATE member of the NH Association of Fire Chiefs.

APPROVED: (Date) _____