



New Hampshire Association of Fire Chiefs

Membership Application

Date: _____

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

Name in Full: _____

Rank, Title, or Occupation: _____

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 **\$105** initiation fee made payable to NHAFC.

Recommended by: _____

Return to: Chief Brent Lemire
NHAFC Secretary
547 Charles Bancroft Highway
Litchfield, NH 03052

REPORT OF THE BOARD OF DIRECTORS

The above named applicant is eligible to become an ACTIVE or ASSOCIATE (circle one) member of the NH Association of Fire Chiefs.

First Reading: (Date) _____ Second Reading: (Date) _____

Location: _____ Location: _____