

**Mississippi Fire Chiefs Association  
P.O. Box 5231  
Jackson, MS 39296  
(601) 981-2915**

**Application for Membership**

*(Please Print)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Department or Organization: \_\_\_\_\_

How long with Dept. or Org. \_\_\_\_\_ Rank/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEMBERSHIP DUES**

\$45.00 annually

Every active person eligible to become a member of this association shall submit an application to the Secretary, with the entrance fee.

Annual dues are payable on the first day of each year.