



South Carolina State Association of Fire Chiefs

Application for Membership

Date:	Office Use Only:	Member #
--------------	-------------------------	-----------------

Name:	Rank: _____
--------------	--------------------

Address:

City	State:	Zip:
-------------	---------------	-------------

Email Address:

Department:

Department Phone :	Home Phone:
---------------------------	--------------------

- NEW MEMBERSHIP**
- RENEW MEMBERSHIP**
- ASSOCIATE MEMBERSHIP**

<u>ALL CATEGORY DUES</u> \$25.00

New Member Recommended by: _____

Mail this form, with your check to:

South Carolina State Association of Fire Chiefs
Post Office Box 2482
Columbia, SC 29202-2482