

2023 Application for New MembersPlease completely fill out this form below

Full Name:							
Employer/Munici	pality:						
Title:							
Employer/Munici	pality Address:						
City:	State:	Zip:					
Phone (Office):							
Home Address:							
City:	State:	Zip:					
Phone (Home):							
E-Mail:							
	I would like to receive MFCA-related notices via e	-mail: ☐ Yes ☐ No					
,	nembership invoice to be mailed to my: ☐ Home add	dress Employer/Municipality Address					
	ED MEMBERSHIP:						
☐ REGULAR: Dues: \$100.00	Regular members shall be any duly sworn chief of a fire department, either public or private, or who regardless of their official title, are the chief fire official in any city, town, hamlet, or village within the State of Maine and appointed by that jurisdiction as the chief fire official, and the chief officers of said department, Fire Chief, Deputy Fire Chief, Battalion Chief, Division Chief, District Chief, Assistant Chief, or Fire Administrator.						
☐ ASSOCIATE:	Associate Membership shall include, but not be limited to: the						
Dues: \$100.00	and District Rangers of the Maine Forest Protection Division, the Maine Fire Service Institute Director, and Fire-Related Business Professional ect., Excluding all other fire department personnel not covered under Section One regardless of rank or position.						
☐ LIFE: Dues: None	Life Members shall include Regular Members who have com Member and who honorably retires or resigns from active du Member but will not hold any position on the Board of Direct of the Association. Life Associate Members shall include Association continuous years as an associate member and who honorabligire related activity. Members must apply for this membership the MFCA Executive Board.	ity, and will retain voting rights as a Regular tors, Executive Board, or Chair any Committees ciate Members who have completed five (5) ly retire or honorably resign from active duty in	the				
Please ma Maine Fire Chie Membership Du	teted form with membership dues payment to: MFCA, ake a copy of this form for your records and a second sec	Amount Due:\$100.00_ Amount Paid: Date Mailed: Check #:	• 				
		Member Type:					

Please note that Regular membership follows the individual. Therefore, if employment changes to another municipality or employer, the individual will continue to be a member at their new location. Memberships cannot be transferred.

Sponsor's Name (required):					
(Sponsor must be a Regular member of the MFCA. All applicants must be approved for membership by the MFCA Executive Board. Upon approval, a new member packet and Resource Directory will be provided to the address provided on this application.) If you have any questions regarding sponsors, contact Melissa White at 1-800-452-8786 ext. 2299.					

PLEASE DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

		_ for				
LIFE /	ASSOCIATE / REG	GULAR	MEMBERSHIP INTO THE MAINE FIRE CHIEFS			' ASSOCIATION
Date:	Ck:	Amt:	CP:	CD:		BB: 1/2023